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SYPHILIS NOT CAUSED BY VACCINATION

It has come to the attention of the undersigned that false statements are being circulated that have caused some people to believe or fear that vaccination against smallpox may cause syphilis. Since the activities under our charge furnish direct evidence in refutation of this idea, we have considered it our duty to issue a statement that syphilization as a result of vaccination does not occur.

Before the discovery of smallpox vaccine the only protection against the dangers of smallpox was by inoculating a person intentionally with the disease and thereby producing, in general, a milder attack than that contracted when smallpox was caught in a natural manner. In this way the inoculation of syphilis along with smallpox, or even of syphilis instead of smallpox, was possible. This possibility also existed when vaccination first supplanted smallpox inoculation, and was performed, as was smallpox inoculation, from the arm of one human subject to another. Cases of syphilis following inoculation or vaccination with human vaccine were, nevertheless, extremely rare. Syphilis, however, is a disease confined in nature to the human species alone, and as soon as the use of calf vaccine instead of human vaccine became universal, the *possibility of transferring syphilis by vaccination was entirely done away with*.

Since 1917 the United States Army has vaccinated approximately 4,700,000 members of its personnel; the United States Navy has vaccinated approximately 950,000 members of its personnel; and of these 5,650,000 persons, *not one* ever developed syphilis as a result of vaccination. In not one of them was there ever any suspicion of syphilis in connection with vaccination. During this same period the United States Public Health Service has also vaccinated 2,918,748 persons in carrying out its quarantine, immigration, and hospital work. While the Public Health Service has not always had the opportunity of following up these vaccinations, as is carefully done in the Army and Navy, no one has ever alleged that any particular individual vaccinated by the Public Health Service has contracted syphilis as a result of vaccination.

During the past 10 years more than 2,000,000 persons, including school children, have been vaccinated by State and local health authorities in cooperation with the United States Public Health Service, making a grand total of 10,568,748 vaccinations recorded by the Government medical services, and not one of the undersigned

has ever received an allegation or a statement charging that any particular individual of this number has contracted syphilis as a result of vaccination. In fact, there has never been reported anywhere a case of syphilis attributable to vaccination following the use of bovine smallpox vaccine.

Smallpox vaccine is a standard medicinal product, the quality of which is prescribed by the United States Pharmacopœia and as such is subject to the provisions of the pure food and drugs law. Furthermore, smallpox vaccine, together with other vaccines and serums for human use, has been deemed of such importance by the Government that its production for sale within the jurisdiction of the United States has been under the special protection of an act passed July 1, 1902, antedating even the pure food and drugs law. Under this law all establishments producing smallpox vaccine for interstate sale must be licensed by the Secretary of the Treasury, upon the recommendation of the United States Public Health Service, and the production is controlled by regulations drawn up by a board composed of the undersigned. These regulations provide for repeated inspections of the producing laboratories, for proper labeling, and for all safeguards which may be thrown about the making of such an important product. At present even the placing of the vaccine in the small tubes and the sealing of these tubes is required to be done in such a way that no hand, even though sterile, touches the vaccine. Repeated examinations of the product, for safety, are required.

This vaccine was used in the vaccination of the millions mentioned above and is exactly the same as that used by doctors in private practice in the vaccination of the general public throughout the United States.

(Signed) M. W. IRELAND,
Surgeon General, U. S. Army.

(Signed) E. R. STITT,
Surgeon General, U. S. Navy.

(Signed) H. S. CUMMING,
Surgeon General, U. S. Public Health Service.

FEBRUARY 15, 1927.

NOTE.—The original signed copy of this statement is on file at the office of the Surgeon General, United States Public Health Service, Washington, D. C.

REGULAR MEETING OF THE PERMANENT COMMITTEE OF THE INTERNATIONAL OFFICE, OCTOBER, 1926¹

The Permanent Committee of the International Office of Public Hygiene held its regular session of 1926 from October 21 to 30, 1926, at Paris.

¹ Translation from a report furnished by the Office International d'Hygiène Publique.

There were present: Messrs. Velghe (Belgium), president; Madsen (Denmark), Abd el Salam el Guindy Bey (Egypt), Taliaferro Clark (United States of America), Barrere (France), L. Raynaud (Algeria), Duchene (French West Africa), Audibert (French Indo-China), Thiroux (Madagascar), G. S. Buchanan (Great Britain), F. P. Mackie (British India), C. L. Park (Australia), H. B. Jeffs (Canada), S. P. James (New Zealand), Stock (Union of South Africa), Matarangas (Greece), Lutrario (Italy), Mitsuzo Tsurumi (Japan), Roussel (Monaco), H. M. Gram (Norway), N. M. Josephus Jitta (Netherlands), W. de Vogel (Netherlands East Indies), Mimbelo (Peru), Djavad Asthiany (Persia), W. Chodzko (Poland), Ricardo Jorge (Portugal), Yoannovitch (State of Serbia, Croatia, and Slovenia), Carriere (Switzerland), L. Prochazka (Czechoslovakia), de Navailles (Tunisia), Galib Ata (Turkey), A. Roubakine (Union of Socialist Soviet Republics), Herosa (Uruguay), also Mr. Pottevin, director of the International Office of Public Hygiene.

I

*Agreement signed at Brussels December 1, 1924, relative to facilities to be extended to seamen of the merchant marine for the treatment of venereal diseases.*²—Since the month of May last, two additional Governments (those of Greece and Finland) have deposited their ratifications.

Information received warrants the statement that, in Europe, at least, the provisions of the agreement are being generally put in practice, even at ports which have not yet ratified. In Great Britain and North Ireland (which have ratified), 89 of the 247 dispensaries existing are distributed among 59 ports.

Agreement as to antidiphtheritic serums.—Most of the countries which had been previously approached by the French Government on the subject of signature to the agreement, the project for which had been adopted by the Office, have replied favorably. Some have already remitted full powers preparatory to signing, which will probably not now be long delayed.

Revised nomenclature of causes of sickness and death transmitted by the French Government, August 28, 1924.—To the list of Governments which have made known their decision to adopt this nomenclature should be added those of Australia, New Zealand, South Africa, Egypt, Japan, Rumania, Italy, and Peru.

II

New obligations of the International Office.—The greater part of the session was devoted to the study of the new obligations imparted to

² Bulletin of the International Office of Public Hygiene, Vol. XVIII (1926), p. 1092.

the Office by the International Sanitary Convention of June 21, 1926,² and the means of meeting these obligations.

A committee of experts has been named to assist the director in the formation of the new organization. The first line of study by the committee is the taking cognizance of the information services created, on their own account, by the several Governments, notably by the Governments of the United States and Great Britain, and which cover, to a certain extent, the new obligations of the office.

The director has been invited to enter, from this time, upon the necessary negotiations with a view to obtaining, conformably to the provisions of article 7 of the convention, and under express reservation of the requirements of the last paragraph of that article, the cooperation of the several organizations, notably, of the Far East Bureau of the League of Nations at Singapore, and the Pan American Sanitary Bureau.

Determination of the form of certificates of deratization and exemption from deratization, provided by article 28 of the convention, has been referred to a special committee.

The Sanitary Conference of Paris of 1926 referred to the Office, for study, questions relative to *reporting* and, in particular, to the *use of radio* in sanitary operations.

With regard to reporting, the committee has been apprised, by the Bureau of the International Hydrographic Bureau of Monaco, of proposals for an international maritime conference, suggested for 1927. It has examined these proposals and formulated its observations, which have been transmitted to the International Hydrographic Bureau.

The questions relative to use of radio, which constitute a subject of investigation in different countries, have been reserved for later study. The conference has also referred to the Office, for study and for all eventual initiatives, *questions relating to ships' doctors*. A first exchange of views has been had on this subject, which will be resumed in the course of later sessions.

The committee has also considered *medical and sanitary instructions intended for captains* of vessels not having a physician on board. The committee, being convinced of the importance of establishing a uniform international model for these instructions, has decided to communicate with the League of Red Cross Societies, which has already taken steps in this direction.

The committee has taken cognizance of the *Report on the work of the Eighth Session of the Health Committee of the League of Nations*, held at Geneva from October 13 to 17, 1926.

² Bulletin of the International Office of Public Hygiene, Vol. XVIII (1926), p. 1221.

III

The committee has received communications, many of which have given rise to profound discussions, on questions bearing on the order of the day. The greater part of these have been already published in the *Bulletin of the International Office of Public Hygiene*. The following is a summary:

The diminishing importance which is being attached in the several countries to *terminal disinfection* in relation to disinfection during the course of the disease, and the manner in which to carry out, under the best conditions of safety and economy, the isolation of contagious cases in hospital care.

The *Mediterranean group of diseases*, viz, leishmaniosis, bilharziosis, and undulant fever (Malta fever).

Plan of campaign against malaria in Italy and Egypt.

The *mental sequellæ of lethargic encephalitis* and the measures taken in this connection in England.

Scarlet fever—its evolution in different countries; experiments in serotherapy and vaccination. In England the disease emphasizes its benign character, but experience demonstrates that complications are more frequent in the case of patients at home even when well-cared for, than in hospital cases; hence the indication of hospital care whenever this is possible. Taking into account all the data at hand, the Metropolitan Asylums Board of London decided that the order of priority for hospitalization of contagious cases should be fixed as follows: Diphtheria, scarlet fever, measles, and whooping cough.

Report of a study voyage carried out in the ports of the Baltic and North Seas by a group of sanitary officers. Observations made concerning the control of arriving vessels, disinfection, deratization, and rat-proofing, facilities for the treatment of venereal diseases, rest and recreation stations, the Institutes of Tropical Medicine of Hamburg, London, and Amsterdam, and provision for the care of emigrants.

Lazarettos appear to be less in favor; they are rarely made use of and their maintenance is expensive. It is more usual now to send to the city contagious disease hospital any contagious patient, whatever be the nature of his disease, who may arrive on shipboard.

Treatment of venereal diseases.—Reference has already been made above to the organization created in Great Britain in connection with the agreement of December 1, 1925, and which comprises 89 centers in 59 ports.

Cancer.—Organization of the fight against cancer in Great Britain, France, Italy, Switzerland, Holland, Japan, and Russia; the creation of anticancer centers, for diagnosis and treatment; education of the public regarding the importance of early diagnosis and treatment,

etc. Certain observations made in Switzerland, Russia, and Japan tend to attribute to diet an influence in the causation of cancer.

The fauna of rodents and their fleas in relation to plague.—This subject is complicated by the fact of the great diversity in zoological nomenclature. The names of genera and species for the same animal vary according to countries and authors; however, from a preliminary study already begun, we may draw the following conclusions:

(1) Rat plague, penetrating into the back country of certain zones of Asia, Africa, and America, has succeeded, through contamination of the wild rodents, which are very sensitive to the virus, in starting (lighting up) enzootic foci of plague which are permanent and independent of their primary origin and which may be termed *wild*, because of the habitat of the carriers in desert regions (steppes, veld, etc.).

(2) This plague fauna differs according to the regions invaded; and although there are always, or almost always, different species attacked, there is only one species or a group of similar species which plays the capital rôle of epizootic host and represents the reservoir of the virus. Such are, notably, the tarbagan (*Arctomys bovac*) in northeast Asia; the gerbille (*Taterona lobengula*) in South Africa; the spermophiles (*Spermophilus fuscus*, *mugozaricus*, *rufescens*, *fulvus*, etc.) in South East Russia; the chipmunks and squirrels in California, etc.

(3) Other species collaborate in this, and among them we may distinguish those which, being less wild, especially such as the several varieties of the field mice (*Rattus concha*, *Arricanthus pumilio*), range around human dwellings, becoming intermediaries of infection for man. When man comes in contact with the infected species, whether in hunting or in the cultivated field in safeguarding his crops, whether in connection with food supply or, as in the case of the tarbagan, when he pursues the animal in the chase for pecuniary profit, the complementary species does not intervene. Ordinarily the common rats, the two *epymis*, the universal vectors par excellence of plague, have, up to the present time, had no part in the contagion. They do no more than open the door to other sensitive species.

(4) Although the inter-zootic and zoo-human exchange may be made by different processes of transmission, the capital rôle devolves, as for rat-human plague, on the ectoparasites, especially on the fleas, such as *Ceratophyllus silantievi*, *C. tesquorum*, *Neopsylla setosa*, which also bite man.

(5) Plague in wild rodents presents certain special aspects. The ganglionic localizations are at times buboes; the visceral localizations are very much accentuated, especially the pulmonary. Among those species which hibernate, the infection may remain localized at the point of inoculation, to break out acutely at the moment of

awakening. Plague may thus evolve in benign cases, without bacteremia.

(6) Human plague derived from wild plague presents the usual features. Pneumonic plague is, however, associated with it frequently, and with remarkable predominance in Manchuria. This pneumo-plague follows on the bubonic and septicemic, but apparently it might have been contracted either from the zoo-pneumonic plague of wild rodents, namely, of the tarbagans, or while handling the plague virus itself as it exists in the carcasses or fur of the animals—a genesis similar to the so-called laboratory plague, which is generally of the pneumonic type.

(7) Prophylaxis has been directed to the extinction of the enzootic infection by the extermination of the wild rodents; and this, as it requires persevering and expensive measures, is difficult of attainment. It is possible, however, to establish, around inhabited localities, a zone of protection in which noxious species may be reduced to a minimum by the direct use of poisons, explosives, and particularly of asphyxiating gases. Contrary to what has been done heretofore, encouragement should be given to the introducing of species which are the natural enemies of field rodents—mammifers, birds, and carnivorous reptiles. In the case of hunting which brings in considerable revenue, such as hunting the tarbagans, and which it is practically impossible to prohibit, it will be necessary only to exercise active control over this pursuit and to issue rules and instructions regarding it, as is done for the dangerous industries.

General paresis.—Data received indicate that this affection is very definitely decreasing in certain countries, notably in England and Czechoslovakia. As concerns the attempts to treat this affection by inoculation with malaria, the opinion to be formed, without being definitive, is rather favorable.

Leprosy.—In Bosnia-Herzegovina, leprosy, which had at first seemed on the decline, shows a tendency in the opposite direction. The numbers of lepers present, which fell from 136 in 1909 to 27 in 1923, rose to 42 in 1924.

In Korea (Chosen) it may be estimated that there exist at present three or four thousand lepers; the treatment with the esters of the fatty acids of chaulmoogra oil appears, in certain cases, to produce some cures.

Three cases of leprosy have been recently found in Switzerland, in a village absolutely isolated in the heart of the mountains, reached only on mule-back, and occurring in persons who had never left the country. This occurrence may be a recrudescence of an old focus. The patients have been isolated.

Trachoma.—Data on the campaign undertaken in Italy and Holland. The disease, which was extremely rare in Switzerland, is becoming more frequent there without imported cases.

In South America cases are rather numerous, but these are always imported by immigration; there exist no epidemic foci.

Protection and aid of maternity and childhood in Italy and the legislation of different countries in regard to rest for women before and after childbirth.

An outbreak of *epidemic catarrhal jaundice* in England.

Prophylaxis of diphtheria in Japan.

FURTHER STUDIES ON THE RELATIONSHIP OF ENDEMIC GOITER TO CERTAIN POTENTIAL FOCI OF INFECTION

II. IN CONNECTICUT

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GENERAL CONSIDERATIONS

A knowledge of whether goiter is caused by foci of infection within the body is of manifest importance in preventing and treating the malady. However, the determination of this fact is often difficult because of the many factors involved. In determining whether a certain thyroid enlargement is due to diseased tonsils it is not easy to eliminate the possibility that an infected nasal sinus, gall bladder, or other inflammatory process likewise is contributing to the abnormal status of the gland. In the present investigation no opportunity was afforded for determining the presence of foci of infection other than those presumably existing in decayed teeth and diseased tonsils. Therefore the findings must be correspondingly qualified.

In a previous article¹ the results of a study of the thyroid glands, teeth, and tonsils of 1,341 white boys and 1,576 white girls in eight schools in Cincinnati, Ohio, were set forth. From these examinations it was concluded that no decisive relation between enlarged thyroids and potential foci of infection, presumably present in decayed teeth and diseased tonsils, had been demonstrated. It was pointed out, however, that the number of children included in the study was small and that additional investigations were desirable before it could be concluded that such a relationship was nonexistent.

While making a thyroid survey in the State of Connecticut an opportunity was afforded for examining the teeth and tonsils of 5,797 boys and 6,608 girls in 28 localities. As a result of this study it is possible to present additional facts concerning the possible relationship between thyroid enlargements and certain abnormal conditions of the teeth and tonsils. Approximately four times as many children

¹ Olesen, Robert, and Taylor, Neil E.: The Relationship of Endemic Goiter to Certain Potential Foci of Infection. *Pub. Health Rep.*, vol. 41, No. 13, pp. 557-571, Mar. 26, 1926. (Reprint No. 1069.)

were included in the Connecticut survey as in the previously reported Cincinnati study. It should be noted, however, that thyroid enlargement is much less frequent in Connecticut than in Cincinnati. The results of the Connecticut study are quite different and more clear-cut than were those of the smaller Cincinnati investigation.

1. SCOPE OF THE CONNECTICUT STUDY

The present study concerning the possible effect of foci of infection upon the thyroid gland was carried on while a thyroid survey was being made in the Connecticut schools during the early part of the 1925-26 session. All of those examined for thyroid enlargement, dental caries, and tonsillar abnormalities were white children, except approximately 150 colored children who have been included in the calculations. Most of the children included in the study attended the high schools in the communities visited. In some instances, in which relatively few children were present in the high schools, examinations were also made in the seventh and eighth grades of the grammar schools.

By examining children in representative communities in various parts of the State a cross section of the upper grammar and high school population was obtained. This sampling included various school ages, grades, sections of cities, environment, and social status. Consequently the present study is believed to offer additional though not necessarily conclusive evidence concerning the possible relationship between simple enlargement of the thyroid gland and such potential foci of infection as may be present in carious teeth and diseased tonsils.

The observations were all made by the writers and included, for the purposes of the present investigation, the condition of the teeth and tonsils. Notations were made concerning the degree of dental decay (slight or marked) and the number of teeth involved. With regard to the tonsils, observations were made of the degree of enlargement (slight, moderate, or marked) and also whether the organs were cryptic in character. Records were also kept of the number of children with apparently normal tonsils and of those in whom the tonsils had been removed by operative procedure. Coincidentally the condition of the thyroid gland was ascertained.

2. LIMITATIONS OF OBSERVATIONS ON TEETH AND TONSILS

Teeth.—The existence of dental decay does not necessarily imply focal infection. In fact, it is probable that septic absorption occurs most frequently when decay has extended to the root canal. Obviously it was difficult to determine this point accurately during the survey. However, many of the markedly decayed teeth were pre-

sumably serving as sources of infective material. It is also reasonable to assume that the possibilities for systemic infection are increased in the presence of successively greater numbers of markedly decayed teeth. In classifying the degrees of decay a distinction was made between the slight and marked forms. In the former class were included teeth with small yet distinct and presumably easily remediable defects. Under the heading "markedly decayed" were included teeth having large cavities of considerable duration, perforations of the pulp cavity, and those obviously in need of extraction.

Filled and missing teeth.—An obvious omission in the present investigation is the lack of information concerning filled and missing teeth. It is readily conceivable that a decayed tooth may have served as a focus of infection prior to being filled. It may also be said that filled teeth are usually a sign of efficient dental hygiene, the necessary corrective steps being taken early, possibly before any opportunity for systemic infection was afforded. Furthermore, in a tooth capable of salvage by filling the decay has seldom penetrated the root cavity, thereby lessening the opportunity for harmful influence.

With regard to missing teeth it may be admitted that teeth are usually extracted because of such extensive decay that filling is impracticable. Whether or not decayed teeth prior to extraction exert temporarily or permanently deleterious effects upon the thyroids is obviously a matter for more extended study than was possible during the present investigation. Such a possibility must certainly be considered, for it may be that enlargement of the thyroid remains after the infective focus has been removed.

Tonsils.—Enlarged tonsils, of course, are not necessarily diseased and do not invariably serve as sources of infection. Consequently the classification of enlarged tonsils as slight, moderate, and marked may be regarded as an indication of degree of hypertrophy rather than of invariable or actual infectivity.

In interpreting the significance of thyroid conditions in individuals in whom the tonsils have been removed it is obvious that caution must be exercised. Tonsils are usually removed because of disease or suspected infectivity. Thyroid enlargement may develop prior to removal of the tonsils and continue afterwards, thereby complicating subsequent observations.

3. METHODS

In classifying the thyroid enlargements of the Connecticut school children use was made of the standards devised during the Cincinnati survey.² The usual method of inspection and palpation was employed

² Olesen, Robert: Thyroid Survey of 47,493 Elementary School Children in Cincinnati. Pub. Health Rep. vol. 35, No. 30, July 25, 1924. (Reprint No. 941.)

in reaching a decision as to the approximate size and extent of each thyroid gland. In examining the teeth and tonsils individual tongue blades were used while each child stood in a favorable light and position.

Owing to the relatively small number of some of the enlargements, it was found desirable to reduce the five degrees of enlargement customarily cited to two. Thus, the very slight and slight enlargements were combined and termed "slight." Moderate, marked, and very marked thickenings were combined and called "marked."

4. RESULTS

The data secured during the study are presented in this section. Moreover, by means of tables, charts, and analysis of the available material, the indicated presence or absence of a relationship between thyroid enlargement and infectious foci in teeth and tonsils will be brought out.

Ages, sex, and numbers of children.—Of the 12,405 children included in the survey 5,797 were boys and 6,608 were girls. Among the boys 402 instances of thyroid enlargement, a percentage of 7, were noted. A greater number of enlargements, 1,945, or 29.4 per cent, were recorded among the girls. The number of children of each age, in addition to the number and percentage of thyroid involvements are set forth in Table 1. It will be noted that the percentage of thyroid enlargements of all degrees is considerably greater among the girls, the ratio of enlargement in girls to that in boys being approximately 5 to 1. The usual decline in the percentage of involvements among the boys after the age of 14 and the steady though uneven increase among the girls of higher ages are particularly noteworthy.

Numbers and degrees of thyroid enlargement.—The number and percentage of each degree of thyroid enlargement, at each age between 10 and 18 years, as well as for all ages combined, are presented in Table 1. It will be seen that slight enlargements were present to the extent of 7 per cent among the boys and 28.1 per cent among the girls. Only 1 marked enlargement was found among the boys, whereas 91 involvements of similar degree were present among the girls.

As the writers have had experience in making thyroid surveys in other sections of the country, it is possible to compare the relative prevalence of endemic goiter among the boys and girls included in the Connecticut survey with similar groups in Cincinnati, for instance. Endemic goiter is, of course, much less prevalent in Connecticut than in Cincinnati. Furthermore, in marked contrast to conditions in Cincinnati, boys in Connecticut seldom have moderate or marked thyroid enlargements. Among the boys and girls in Connecticut

marked involvements prevail in a proportion of 1 to 93, as compared with the Cincinnati ratio of 1 to 7. The steady increase in the percentage of marked enlargements as the higher ages are reached among the girls is clearly shown in Table 1.

TEETH

The results of the dental examinations in Connecticut are presented in Table 2, in which certain groupings have been made. Thus, the ages of 10 and 11, 12 and 13, 14 and 15, 16 and 17, and 18 years and over have been combined, respectively. The thyroid enlargements have been designated as slight and marked.

Sound teeth.—An examination of Table 2 shows that sound teeth were present in 70.6 per cent of the 5,797 boys and 75 per cent of the 6,608 girls included in the study. This indicates a slight and usual superiority in oral hygiene among the girls. Of the 5,395 thyroid-normal boys, 71.1 per cent had teeth without signs of decay, while a smaller percentage, 63.7 per cent, of the thyroid-enlarged boys were also free from dental defects. Among the girls, 76.4 per cent of the thyroid-normal and 71.6 per cent of the thyroid-enlarged individuals had no evidence of dental decay. These figures indicate the more frequent occurrence of normal teeth in thyroid-normal boys and girls.

A study of the percentages of normal teeth among thyroid-normal and thyroid-enlarged boys and girls of the several age groups shows the advantage to rest consistently with those having normal thyroids. Moreover, the superiority in normal teeth among the thyroid-normal individuals assumes an even trend through the principal age groups.

Dental caries.—Dental decay was noted more frequently among boys, the slight degree of decay being a trifle more frequent than the marked form. Thus, 14.1 per cent of all the boys and 12.7 per cent of all the girls examined had slight decay, while 15.3 per cent of the boys and 12.3 per cent of the girls had marked decay.

Slight dental decay.—A further examination of the figures set forth in Table 2 indicates a consistently greater prevalence of slightly decayed teeth among the thyroid-enlarged girls and boys in all age groups. While in several instances the differences between the percentages of slightly decayed teeth among individuals having normal or enlarged thyroid glands are not marked, nevertheless they are uniform in direction.

Marked dental decay.—The differences in the numbers and percentages of marked dental decay in the two groups under consideration are also set forth in Table 2. As is the case with the prevalence of slight decay, the markedly carious conditions are more frequent among the boys and girls with thyroid enlargement, the one exception

being the 10 and 11 year group of girls. In this group marked dental decay is more frequent among the thyroid-normal girls.

From the foregoing observations it is apparent that in the groups studied normal teeth are more frequent among thyroid-normal boys and girls, while both slight and marked dental decay are more common, with one exception, among individuals with thyroid enlargement.

Dental decay and degree of enlargement.—Whether or not marked thyroid enlargement is more frequently associated with dental decay than slight enlargement is another point concerning which some information is available in Table 2. Because of the lack of marked thyroid enlargements among the boys little information concerning this point can be obtained from this portion of the table. However, an examination of the data relating to the girls shows that 15.3 per cent of the girls with slight dental decay and 18.7 per cent of those with marked decay have marked thyroid enlargement, while only 14.1 per cent of those with slight decay and 14 per cent of those with marked decay have slight thyroid enlargement. These differences are apparent not only in the several age groups in so far as marked dental decay is concerned, but also in two of the three groups in which slight decay is involved. Apparently both slight and marked dental decay are slightly more frequent among individuals with marked thyroid involvement.

TONSILS

The data relating to the conditions of the tonsils in the children examined are presented in Table 3. In this table the tonsillar conditions have been divided according to normality, absence, enlargement, and cryptic degeneration. The thyroid enlargements are shown as "slight" or "marked." As in Table 2, several age groupings have been made.

General considerations.—Of all the boys examined 47.6 per cent had normal tonsils, while a slightly larger percentage of girls, 48, also had normal tonsils. Tonsils had been removed by operative procedure in 29.8 per cent of the boys and 34.1 per cent of the girls. Enlarged tonsils were encountered in 19 per cent of all the boys and 14.6 per cent of the girls. Among the boys 3.6 per cent of the tonsils were enlarged and cryptic, whereas among the girls a slightly smaller percentage, 3.3, were similarly affected. From these comparisons it is clear that the girls have slight advantages.

Normal tonsils.—Among boys and girls of all ages normal tonsils were distinctly more frequent among the children who had no evidence of thyroid enlargement. The same distinction prevailed among the girls of the different age groups. Among the boys of the 10 and 11 and the 12 and 13 year groups, however, normal tonsils were more frequent among the thyroid-enlarged individuals. In the remaining

age groups the advantage in normal tonsils rested with the thyroid-normal boys.

Tonsils removed.—A larger percentage of the girls than boys had been subjected to operation for removal of tonsils. Thus 31.5 per cent of the thyroid-normal and 40.1 per cent of the thyroid-enlarged girls of all ages were without tonsils—a considerable difference in favor of the latter. Among the thyroid-normal boys of all ages tonsillectomies had been performed in 29.8 per cent, while a slightly smaller percentage of the thyroid-enlarged boys, 29.1 per cent, had had similar operations.

When the differences between the several groups of thyroid-normal and thyroid-enlarged children are considered with regard to the absence of tonsils through operation, some interesting facts are gleaned from Table 3. Absence of tonsils was noted more frequently among boys and girls with thyroid enlargement, the single exception being the children of the 10 and 11 year group. These findings may be interpreted in several ways. In the first place, tonsils may have been removed because of disease, the thyroid being enlarged coincidentally. After tonsillectomy the glandular involvement may have remained, to be noted during the present examination. Secondly, it may be suggested that absence of tonsils encourages to some extent thyroid enlargement. Possibly the normally functioning tonsil prevents the entry through the throat of agents which cause hypertrophy of the thyroid. Under the circumstances tonsillectomy appears to be a questionable procedure unless there is manifest evidence of tonsillar disease.

Hypertrophy of tonsils.—When the observations were made three degrees of tonsillar enlargement, "slight," "moderate," and "marked" were recorded. However, owing to the comparatively few enlargements of each size the several degrees were combined. An examination of the data displayed in Table 3 shows clearly that hypertrophy of the tonsils is consistently more frequent among the thyroid-enlarged individuals in all of the age groups among both boys and girls. Thus, 18.5 per cent of the thyroid-normal and 26.6 per cent of the thyroid-enlarged boys of all ages had hypertrophied tonsils. Among the girls of all ages enlarged tonsils were present to the extent of 14.4 per cent in the thyroid-normal and 15.3 per cent of the thyroid-enlarged individuals. Similar differences are present in the various age groups.

Cryptic tonsils.—Presumably the tonsils included in this grouping had a pathological status and were capable of exerting a deleterious influence upon such glands as the thyroid. Cryptic tonsils were more frequently encountered among the boys than among the girls, and also more frequently among the thyroid-enlarged than among the thyroid-normal children. The latter distinction is not clearly

defined in the separate age groups of boys. In fact, cryptic tonsils occur among the thyroid-normal boys of several of the age groups to a considerably greater extent than among the thyroid-enlarged boys. Among the girls of the different age groups, however, the excess of cryptic tonsils among the thyroid-enlarged is consistently and clearly apparent.

SUMMARY

1. Examinations were made of the teeth and tonsils of 5,797 boys and 6,608 girls in 28 localities in Connecticut for the purpose of determining whether there was a relationship between potential foci of infection in these particular structures and thyroid enlargement.

2. Records were made of slight and marked thyroid enlargements as well as slight and marked decay of teeth. The number of apparently normal tonsils, the absence of tonsils by operation, enlargement, and cryptic degeneration, were also recorded.

3. Slight thyroid enlargements prevailed to the extent of 7 per cent among the boys and 29.4 per cent among the girls. One marked thyroid enlargement was found among the boys. Among the girls there were 91, or 1.3 per cent, of marked enlargements.

4. Sound teeth were found slightly more frequently among girls than among boys. Teeth without decay were found more frequently and consistently among the thyroid-normal children of all age groups. Conversely, slight and marked decay were more common, except in one age group, among the thyroid-enlarged individuals.

5. Approximately one-third of the girls and a slightly smaller percentage of boys had had their tonsils removed by operation. Normal tonsils were more frequent among the girls. Hypertrophied tonsils and cryptic tonsils were less frequent among the girls than among the boys.

6. Normal tonsils were more frequent among thyroid-normal boys and girls of all ages. With the exception of two age groups among the boys, all of the other age groups indicate a greater frequency of normal tonsils among thyroid-normal individuals.

7. Absence of tonsils was noted more frequently among boys and girls with thyroid enlargement.

8. Hypertrophied tonsils were consistently though not markedly more frequent among boys and girls with thyroid enlargement.

9. Cryptic tonsils were more frequent among children with thyroid enlargement, the distinction being more clear among the girls.

COMMENT

On the basis of the material gathered during the present investigation it appears that slight and markedly decayed teeth, as well as hypertrophied and cryptic tonsils, were more frequently associated with thyroid enlargement than with normal thyroid conditions. Whether or not thyroid enlargement is due to some extent to these

potential foci of infection, or whether the latter conditions are accidental or incidental, is a subject for further investigation.

While the number of children included in the present survey was small and the observations were subject to manifest limitations, nevertheless the findings are suggestive. However, before the question of relationship existing between potential foci of infection in the teeth and tonsils and thyroid enlargement can be regarded as definitely settled, it is desirable that additional studies be conducted in other sections of the country. The inclusion of a greater number of individuals, especially adults, in such an investigation might materially alter the findings of both the Cincinnati and Connecticut surveys. In addition to the effects of decayed teeth and diseased tonsils upon the thyroid, future studies of this subject should include a consideration of the influence of other foci of infection within the body.

Explanation of discrepancy between Cincinnati and Connecticut results.—It has already been pointed out that the study made in Cincinnati for the purpose of determining the possible relationship between certain foci of infection and thyroid enlargement was apparently negative. On the other hand, the results of the Connecticut investigation suggest a positive relationship between thyroid enlargement and certain infective foci. A wholly satisfactory explanation of this discrepancy can not, of course, be given. However, there is an explanation which may serve to make the problem less complicated.

Thyroid enlargements in Cincinnati are probably of the endemic type, being due largely to a deficiency of iodine. Consequently the possible etiological rôles of decayed teeth and diseased tonsils may be overshadowed to such an extent as not to be readily discernible. The thyroid enlargements which occur in Connecticut, however, are undoubtedly of the sporadic type, being produced by causes other than a deficiency of iodine. With the iodine deficiency factor largely lacking, the foci of infection come more prominently to the fore. Moreover, the extent of their detrimental influences is more apparent.

In view of the suggested deleterious influence of defective teeth and diseased tonsils upon the thyroid, it is desirable that careful oral hygiene be observed, particularly among school children. Renewed efforts to insure as nearly perfect dentature as possible, through appropriate nutritional guidance and practice as well as by competent dental prophylaxis and treatment, are recommended and urged. Moreover, appropriate treatment for enlarged and diseased tonsils is likewise advised. This injunction should not be interpreted as implying that the correction of dental defects and radical treatment of diseased tonsils is unnecessary in individuals with normal thyroid glands. Quite the contrary, remedial measures are desirable in both thyroid-normal and thyroid-enlarged persons.

TABLE 1.—Number and percentage of normal and enlarged thyroids among 5,797 boys and 6,608 girls in 28 localities in Connecticut, according to sex, age, and degree of enlargement

Thyroid status	Age																	
	All ages		10 and 11		12		13		14		15							
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls						
NUMBER OF NORMAL AND ENLARGED THYROIDS																		
Total	5,797	6,608	116	114	444	553	875	1,175	1,527	1,684	1,286	854	913	450	566	233	246	
Normal	5,395	4,663	103	92	413	422	803	836	1,390	1,201	1,216	941	812	624	430	376	229	171
Enlarged	402	1,945	13	22	31	131	72	339	137	483	88	416	42	289	20	190	4	75
Slight	401	1,854	13	22	31	126	71	329	137	466	83	394	42	272	20	178	4	67
Marked	1	91	.....	.....	5	1	10	17	.....	22	.....	17	.....	12	.....	8	.....	8
PERCENTAGE OF NORMAL AND ENLARGED THYROIDS																		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Normal	93.0	70.6	89.0	80.7	93.0	76.3	91.8	71.1	91.0	71.3	93.6	96.3	68.3	95.1	66.4	98.3	69.3	60.5
Enlarged	7.0	29.4	11.0	19.3	7.0	23.7	8.2	28.9	9.0	28.7	6.4	30.7	4.9	31.7	4.4	33.6	1.7	30.5
Slight	7.0	28.1	11.0	19.3	7.0	22.8	8.2	28.1	9.0	27.6	6.4	29.1	4.9	29.8	4.4	31.5	1.7	27.3
Marked	.....	1.3	.....	.....	.....	.....	.....	.....	.....	1.1	.....	1.6	.....	1.9	.....	2.1	.....	3.2

TABLE 2.—Number and percentage of individuals having no dental decay and slight and marked dental decay among 5,797 boys and 6,008 girls in 28 localities in Connecticut, according to ages of children and degree of thyroid enlargement

Thyroid status	Dental condition						Percentage					
	Boys			Girls			Boys			Girls		
	Number		Percentage		Number		Percentage		Number		Percentage	
Total	Total	Normal	Slight decay	Marked decay	Total	Normal	Slight decay	Marked decay	Total	Normal	Slight decay	Marked decay
Total	6,797	4,001	816	800	100.0	70.6	14.1	15.3	6,008	4,905	838	812
Normal	5,396	3,835	751	809	100.0	71.1	13.9	15.0	4,603	3,565	563	535
Enlarged	402	256	65	81	100.0	63.7	16.2	20.1	1,945	1,383	275	277
Slight	401	255	65	81	100.0	63.6	16.2	20.2	1,854	1,333	261	260
Marked	1	1	—	—	100.0	100.0	—	—	91	60	14	17
ALL AGES												
Normal	103	67	13	23	100.0	65.0	12.6	22.4	92	74	6	12
Enlarged	13	6	—	4	100.0	46.1	23.1	30.8	22	17	3	2
Slight	13	6	3	4	100.0	46.1	23.1	30.8	22	17	3	2
Marked	—	—	—	—	—	—	—	—	—	—	—	—
10 AND 11 YEARS												
Normal	1,216	872	149	196	100.0	71.7	12.3	16.0	1,258	945	149	164
Enlarged	103	67	15	21	100.0	65.0	14.6	20.4	470	320	69	81
Slight	102	66	15	21	100.0	64.7	14.7	20.6	455	310	67	78
Marked	1	1	—	—	100.0	100.0	—	—	15	10	2	3
12 AND 13 YEARS												
Normal	1,216	872	149	196	100.0	71.7	12.3	16.0	1,258	945	149	164
Enlarged	103	67	15	21	100.0	65.0	14.6	20.4	470	320	69	81
Slight	102	66	15	21	100.0	64.7	14.7	20.6	455	310	67	78
Marked	1	1	—	—	100.0	100.0	—	—	15	10	2	3

14 AND 15 YEARS

	Normal	1,815	405	385	100.0	60.8	15.4	14.8	2,142	1,625	271	246	100.0	75.8	12.7	11.5
Enlarged.....	220	140	38	42	100.0	63.6	17.3	19.1	899	635	128	136	100.0	70.7	14.2	15.1
Slight.....	220	140	38	42	100.0	63.6	17.3	19.1	860	610	121	129	100.0	70.9	14.1	15.0
Marked.....									39	25	7	7	100.0	64.2	17.9	17.9

16 AND 17 YEARS

	Normal	1,242	898	171	173	100.0	72.3	13.8	13.9	1,000	788	111	101	100.0	78.8	11.1	10.1
Enlarged.....	62	40	9	13	100.0	64.5	14.5	21.0	479	365	63	51	100.0	76.2	13.2	10.6	
Slight.....	62	40	9	13	100.0	64.5	14.5	21.0	450	344	60	46	100.0	76.5	13.3	10.2	
Marked.....									29	21	3	5	100.0	72.4	10.3	17.3	

18 YEARS AND OVER

	Normal	229	183	13	33	100.0	79.9	5.7	14.4	171	133	26	12	100.0	77.8	15.2	7.0
Enlarged.....	4	3	1	1	100.0	75.0	25.0	25.0	75	56	12	7	100.0	74.7	16.0	9.3	
Slight.....	4	3	1	1	100.0	75.0	25.0	25.0	67	52	10	2	100.0	77.6	14.9	7.5	
Marked.....									8	4			100.0	50.0	25.0	25.0	

TABLE 3.—Number and percentage of certain tonsillar conditions among 5,797 boys and 6,608 girls in 28 localities in Connecticut, according to age and degree of thyroid enlargement.

14 AND 15 YEARS

Normal	2,905	1,719	681	523	82	190.0	50.5	26.2	20.1	3.2	2,142	1,207	554	333	48	100.0	56.3	25.9	15.6	2.2
Enlarged	220	84	70	55	11	100.0	35.2	31.8	23.0	5.0	899	360	340	142	48	100.0	41.1	37.8	15.8	5.3
Slight																				
Marked	220	84	70	55	11	100.0	38.2	31.8	25.0	5.0	860	355	324	136	45	100.0	41.3	37.7	15.8	5.2
											39	14	16	6	3	100.0	35.9	41.0	15.4	7.7

16 AND 17 YEARS

Normal	1,212	645	422	226	49	100.0	43.8	34.0	18.2	4.0	1,000	468	402	111	19	100.0	46.8	40.2	11.1	1.9
Enlarged	62	24	24	18	1	100.0	38.7	38.7	21.0	1.6	479	192	215	35	17	100.0	40.1	44.9	11.5	3.5
Slight																				
Marked	62	24	24	13	1	100.0	38.7	38.7	21.0	1.6	450	181	198	55	16	100.0	40.2	44.0	12.2	3.6
											29	11	17	---	1	100.0	38.0	58.6	11.1	3.4

18 YEARS AND OVER

Normal	220	104	95	24	6	100.0	45.4	41.5	10.5	2.6	171	68	82	19	2	100.0	30.8	47.9	11.1	1.2
Enlarged	4	1	2	1	1	100.0	25.0	50.0	25.0	5.0	75	10	53	11	1	100.0	13.3	70.7	14.7	1.3
Slight																				
Marked	4	1	2	1	1	100.0	25.0	50.0	25.0	5.0	67	10	47	9	1	100.0	14.9	70.2	13.4	1.5
											8	---	6	2	---	100.0	---	75.0	25.0	---

PUBLIC HEALTH ENGINEERING ABSTRACTS

Value of Under Water Lighting in Outdoor Swimming Pools. Bengt Norman Bengtson, M. D. *The Nation's Health*, vol. 8, No. 11, November 15, 1926, pp. 753-754. (Abstract by Stephen DeM. Gage.)

The writer describes experiments with a 500-watt insulated lamp during night bathing at a deep pool in Garfield Park, West Chicago. One lamp properly shaded had a radius of illumination of 20 to 30 feet. Under water illumination is very attractive and more effective than overhead spot or flood lighting. It would probably reduce danger of accidents during night bathing. It makes dirt and turbidity very conspicuous, tending toward more careful operation to maintain a clean, bright water.

The author also describes experiments indicating that underwater lighting might have some bactericidal effect, thus aiding in sanitary control.

Swimming Pools and Other Public Bathing Places (Standards for Design, Construction, Equipment, and Operation). *American Journal of Public Health*, vol. 16, No. 12, December, 1926, pp. 1186-1201. (Abstract by Stephen DeM. Gage.)

Full text of report of the joint committee with the State conference of sanitary engineers to the public-health engineering section of American Public Health Association, October 12, 1926. With some minor changes in the text, and with addition of standards for water quality from the 1923 report, this report is identical with the report to conference of State sanitary engineers in May, 1926. The committee has attempted to make this report as full and complete as possible to serve as a guide to designers, operators, and administrative officials.

Comparative Standing of Detroit Swimming Pools. Monthly report, Detroit Health Department, December, 1926. (Abstract by Stephen DeM. Gage.)

A tabulation showing the relative standing of 35 different pools, October, November, and December, 1926, with attendance and average bacterial analyses of the water during December. Thirty-three of the pools are rated at grade A, having passed the department standard for the month. The most significant features of this tabulation are the bacteria and *B. coli* results. Twenty pools showed a median bacteria count of zero, 27 pools did not show colon bacillus in 100 cubic centimeters in any sample collected during the month, and 6 other pools did not show more than 10 *B. coli* per 100 cubic centimeter in any samples.

Regulation of Drainage Apparatus Called Septic Tanks. A. Calmette and E. Rolants *Rev. d'Hyg.*, 47 (1925) No. 6, pp. 481-489; abstract in *Chem. Abs.*, 19 (1925), No. 20, p. 3136. From Experi-

ment Station Record, United States Department of Agriculture, vol. 55, No. 8, December, 1926, p. 783.

"Proposed regulations for septic tanks for isolated residences and unsewered parts of cities in France are briefly set forth. The regulations require a trickling filter or bacterial bed to follow tank treatment. The size of the tank must provide a minimum of 250 liters (66 gallons) per person where water-closets only are connected and 500 liters per person where kitchen wastes are added. Bath water, roof run-off, etc., are to be excluded. The trickling filter must have a minimum depth of 1 meter (3.28 feet) and an area of 1 square meter for every 10 people, with a minimum total area of 0.5 square meter. If the effluent contains more than enough organic matter to produce 200 parts per million of ammonia it must be diluted. The effluent must not contain more than 30 parts per million of suspended organic matter, and a stoppered 150-cubic centimeter sample kept 7 days at 30° C. (86° F.) must not show evidence of putrefaction."

The Delimitation of Drainage Areas. F. O. Stanford. *Journal of Royal Sanitary Institute*, vol. 47, No. 4, October, 1926, pp. 303-310. (Abstract by Fred Almquist.)

The idea of cooperation between towns on the same drainage area for drainage and sewerage is stressed, from both the efficiency and economical standpoints. Very often a stream which is the center of a drainage area is the convenient boundary between towns; and all too often the towns do not get together, but put in separate drainage systems or sewerage systems with a result, probably, of lower efficiency and increasing cost. The establishment of a common policy with proper authority is desired for all matters affecting a river. The author suggests that, should it be necessary at any time to alter the boundary of an administrative area, the boundary be rectified according to watershed lines rather than water course.

Sewage Treatment for New York City. Kenneth Allen. *Water Works Magazine*, vol. 65, No. 12, December, 1926, pp. 588-592. (Abstract by R. C. Beckett.)

A discussion of the general use of fine screening, grit chambers, tanks, various types of disposal plants, sludge disposal, and chlorination as to their use as applied in New York City conditions.

Probably all these methods, namely, fine screening, sedimentation, and sedimentation plus further oxidation will be necessary in New York City, depending on location and conditions nearby. A beginning has been made in installing several fine screening plants now operating or under construction. An activated sludge plant is now under construction.

Disposal of Sewage and Excreta from Residences. Committee report presented at the conference of State Sanitary Engineers, June,

1926. *Engineering & Contracting*, vol. 65, No. 9, September, 1926, pp. 425-428. (Abstract by C. C. Ruchhoft.)

The septic tank is considered the most suitable device for preliminary treatment of sewage from residences. The tank should not be closer than 100 feet to a well and on ground sloping away from the same. Rectangular tanks are desirable, but circular tanks are permitted. Using an estimated flow of 50 gallons per capita, the tank should have a 24-hour retention period. Tank volumes of 300 or 400 gallons are desirable for individual residences. It is recommended that the tank be not less than 4 feet deep, not less than 3 feet wide, and from 4.5 to 6 feet long.

Distribution trench.—The distributor line should be of vitrified sewer tile with cemented joints. The distribution laterals should be of 3 or 4 inch 1-foot length farm tile laid in a 2-foot trench containing from 6 inches to 1 foot of cinders, gravel, or crushed rock below the tile. The tile should be as near the surface as is consistent with adequate protection of it. Average practice for the distance from center to center of the laterals is about 10 feet. The recommendations for the total length of distribution lines vary from 20 to 60 feet per capita, depending upon soil conditions.

Excreta disposal.—Data and discussion indicated a trend toward uniformity in privy sanitation. General specifications for pit, septic concrete vault, and chemical privies are discussed.

Observations on the Michigan Septic Tank. O. E. Robey (Michigan Sta. Quart. Bul., 9 (1926), No. 1, p. 22). From The Experiment Station Record, United States Department of Agriculture, vol. 55, No. 7, November, 1926, p. 683.

"A brief report of an examination of a tank in operation since 1915 and one in operation since 1918 is presented. The results indicate that a septic tank will work satisfactorily when near the surface, and that the tile system may be shallow even under somewhat adverse conditions."

Requirements for the Pasteurization of Milk and Methods of Enforcement. Walter W. Scofield, Chief, Bureau of Food and Drugs, Department of Health, Trenton, N. J. *Public Health News*, vol. 12, No. 1, December, 1926, pp. 324-330. (Abstract by H. A. Whittaker.)

The writer describes the importance of milk as a food, and then points out the need of proper control in safeguarding the milk supplies of the State. He emphasizes the importance of pasteurization as a public health measure, and stresses the necessity for proper supervision of pasteurization in order to insure safe milk. Certain fundamental requirements for pasteurization are discussed, and information is given concerning the methods of testing the efficiency of pasteurizers. He describes the method recommended by the Bureau

of Dairying, United States Department of Agriculture, in which a culture of *B. prodigiosus* is used as a testing agent in determining whether the milk is held the required time in continuous-flow pasteurizing apparatus. The importance of thoroughly testing the apparatus for washing milk bottles is discussed. Reference is made to the importance of testing the strength of the chemicals when chemicals are used in bottle-washing machines.

The author concludes by stressing the importance of State supervision of the pasteurization plants and the desirability of requiring that all plants be licensed by the State authorities.

The Trade Pasteurization of Milk and the Public Health. Henry Kenwood, emeritus professor of hygiene and public health, University of London. *Journal of the Royal Sanitary Institute*, vol. 47, No. 5, November, 1926, pp. 355-360. (Abstract by George W. Putnam.)

With chemical preservatives forbidden in 1912, pasteurization has been extensively adopted in England to prevent souring, until at present from 50 to 80 per cent of the milk supply of some large towns is so treated. The advantages of pasteurization are enumerated as follows: (1) It prolongs the keeping quality of milk; (2) it is a protection against losses by souring and outbreaks of milk-borne infection and guards against tuberculosis; (3) it helps to establish public confidence in the safety of milk and favors its increased sale.

The Ministry of Health has standardized the conditions which must be fulfilled if milk is to be sold as "pasteurized" as follows: Holding at 145° F. to 150° F. for 30 minutes; rapidly cooling to 55° F.; bacterial count not to exceed 100,000 per cubic centimeters. The method of securing these conditions is not yet standardized, but is still in the experimental stage.

The author successively disposes of the objections that pasteurization is (1) a cloak for stale and dirty milk; (2) does not destroy with certainty the tubercle bacillus; and (3) leads to a loss of vitamins. He concludes that pasteurization serves the mutual interests of both the trade and the public.

B. Coli in Market Oysters. Fred O. Tonney, M. D., and John L. White, M. D. *American Journal of Public Health*, vol. 16, No. 6, June, 1926, pp. 597-602. (Abstract by R. E. Tarbett.)

Studies were made in the laboratory of the Chicago Health Department of the *B. coli* content of the liquor of both shell and shucked oysters for the purpose of recommending standards that would be applicable to inland markets located at a distance from point of production. Studies were made of stored shell liquor, shucked oysters, shucked in laboratory, market oysters and shell oysters, and clams. Storage temperature in all cases was 5° to 8° C. It was found that shucked oysters held in storage at 5° to 8° C. showed a definite increase in *B. coli* score. Oysters gathered early in the season showed

a more rapid increase than those gathered during cold-water periods. The increase was 1,490 per cent in 11 days in the first case and 458 per cent in 12 days in the second. Freshly shucked oysters in October stored at a temperature of 5° to 8° C. maintained an average score not exceeding 140 for three days, while in December this score was not exceeded for 13 days after shucking. Living shell oysters did not increase in *B. coli* content under day storage at 5° to 8° C. from the eleventh to the eighty-third day and showed a decrease after the twenty-eighth day.

A study of 856 routine samples of shucked oysters received in the Chicago market during 1924 and 1925 showed that 71 per cent would have passed a score of 140, and 205 samples of shell oysters showed that 97 per cent would have passed a score of 50. Studies of the routine samples during the first part of the 1925-26 season showed a marked improvement over the previous seasons. It was recommended that a score not to exceed 140 be allowed for shucked oysters at first point of delivery, and a score of 50 for shell oysters and clams as found in the market.

Self-Purification of Oysters During Hibernation. Stephen DeM. Gage and Frederic P. Gorham. *American Journal of Public Health*, vol. 15, No. 12, December, 1925, pp. 1057-1061. (Abstract by R. E. Tarbett.)

The writers define hibernation as "the slowing down of biological activity as a result of reduction in temperature." Hibernation of oysters was first noticed about 1910 by a number of sanitary workers, who observed that the bacterial content of the shell liquor was abnormally low in oysters taken from polluted areas during periods of cold water. During 1910-11 this subject was studied in the Narragansett Bay section. The biology of the oyster is discussed with particular reference to the action of temperature upon the life processes.

The method of sanitary control of the oyster grounds in Rhode Island waters is outlined. Class A includes areas free from pollution and from which shellfish may be taken at all times; class C receives direct pollution and is closed; in so far as market shellfish are concerned; class B is not in a direct zone of pollution, but may show evidences of pollution at times, and shellfish may be marketed during the hibernation period when laboratory examinations have shown low *B. coli* scores.

The writers call attention to the fact that self-purification is relative, since high scores were obtained in some cases from all areas during the winter. In their studies they also found that during the higher temperature periods high scores were not uncommon in shellfish taken from unpolluted areas and low scores from badly polluted areas.

The proportion of inconsistent and abnormal results obtained was unexplainable, and, until explained, the interpretation of the sanitary examinations of market oysters is questionable.

THE STORY OF A COMMON COLD—AUTHORSHIP INCORRECTLY GIVEN

In the story of "Willie's Cold," published in Public Health Reports for February 4, 1927, page 332, taken from the Ohio Health News, credit for authorship was incorrectly given to Health Commissioner Peters of Cincinnati. Doctor Peters writes that this little health message was one of the articles released by the Science News Service of the American Public Health Association, of which his department is a subscriber.

It may be noted here that the Science News Service of the American Public Health Association furnishes to health departments and other health agencies, at a very reasonable cost, appropriate articles and stories dealing with health matters. Any health department or health worker interested in this service can obtain information regarding it by addressing Mr. John Hall, assistant secretary of the American Public Health Association, 370 Seventh Avenue, New York City.

DEATHS DURING WEEK ENDED FEBRUARY 19, 1927

Summary of information received by telegraph from industrial insurance companies for week ended February 19, 1927, and corresponding week of 1926. (From the Weekly Health Index, February 25, 1927, issued by the Bureau of the Census, Department of Commerce)

	Week ended Feb. 19, 1927	Corresponding week 1926
Policies in force.....	66,767,638	63,415,337
Number of death claims.....	14,209	15,020
Death claims per 1,000 policies in force, annual rate.....	17.1	12.4

Deaths from all causes in certain large cities of the United States during the week ended February 19, 1927, infant mortality, annual death rate, and comparison with corresponding week of 1926. (From the Weekly Health Index, February 25, 1927, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Feb. 19, 1927		Annual death rate per 1,000 corresponding week, 1926	Deaths under 1 year		Infant mortality rate, week ended Feb. 19, 1927 ²
	Total deaths	Death rate ¹		Week ended Feb. 19, 1927	Corresponding week, 1926	
Total (68 cities)	7,724	13.6	16.0	915	1,036	8.77
Akron	37			10	7	108
Albany	37	16.1	26.7	3	6	63
Atlanta	78			11	13	
White	34			3	8	
Colored	44	(³)		8	5	
Baltimore ⁴	266	16.9	22.7	42	32	130
White	190		19.4	26	20	100
Colored	76	(³)	41.6	16	12	249
Birmingham	64	15.5	22.5	9	12	
White	33		20.0	4	6	
Colored	31	(³)	26.4	5	6	
Boston	242	15.9	17.2	35	32	98
Bridgeport	26			2	9	37
Buffalo	168	15.9	17.4	19	31	80
Cambridge	28	11.8	10.3	3	3	53
Camden	39	15.3	21.1	7	8	120
Canton	17	7.8	10.0	2	4	47
Chicago ⁴	690	11.6	13.6	79	101	68
Cincinnati	155	19.6	19.4	19	14	118
Cleveland	193	10.2	12.3	21	38	56
Columbus	87	15.6	13.2	4	5	37
Dallas	60	15.0	21.2	5	9	
White	48		17.8	5	5	
Colored	12	(³)	44.4	0	4	
Dayton	44	12.7	10.3	5	1	82
Denver	95	17.1	17.2	6	4	
Des Moines	32	11.2	13.2	3	2	50
Detroit	324	12.7	13.9	71	67	112
Duluth	23	10.4	13.8	2	3	43
El Paso	30	13.7	21.5	5	6	
Erie	30			5	5	
Fall River ⁴	37	14.5	11.5	9	3	159
Flint	19	6.9	7.7	4	2	65
Fort Worth	37	11.8	12.8	4	4	
White	32		10.8	4	3	
Colored	5	(³)	27.4	0	1	
Grand Rapids	39	12.8	10.7	6	3	88
Houston	61			8	16	
White	41			7	13	
Colored	20	(³)		1	3	
Indianapolis	88	12.3	16.2	12	7	94
White	81		17.0	7	6	63
Colored	7	(³)	10.7	5	1	305
Jersey City	81	13.1	16.6	9	6	67
Kansas City, Kans.	37	16.5	16.5	6	5	117
White	29		14.6	3	3	67
Colored	8	(³)	25.4	3	2	456
Kansas City, Mo.	126	17.2	13.2	9	17	
Los Angeles	295			28	26	80
White	98	16.0	14.3	5	13	43
Colored	81		11.9	4	12	39
Lowell	17	(³)	27.7	1	1	70
Lynn	35	16.5	13.7	6	3	116
Memphis	23	11.4	17.5	3	8	79
White	55	16.0	25.3	8	10	
Colored	24		18.3	5	3	
Milwaukee	31	(³)	38.1	3	7	
Minneapolis	105	10.4	13.2	15	8	70
	92	10.9	13.5	13	9	73

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.

³ Data for 64 cities.

⁴ Deaths for week ended Friday, Feb. 18, 1927.

In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Louisville, 17; Memphis, 38; Nashville, 30; New Orleans, 26; Norfolk, 38; Richmond, 32; and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended February 19, 1927, infant mortality, annual death rate, and comparison with corresponding week of 1926—Continued

City	Week ended Feb. 19, 1927		Annual death rate per 1,000 corresponding week, 1926	Deaths under 1 year		Infant mortality rate, week ended Feb. 19, 1927
	Total deaths	Death rate		Week ended Feb. 19, 1927	Corresponding week, 1926	
Nashville ⁴	55	20.8	23.6	7	6	
White.....	38	17.6	4	4	4	
Colored.....	17	(2)	38.8	3	2	
New Bedford.....	31	13.5	13.5	5	4	87
New Haven.....	40	11.3	17.5	4	6	56
New Orleans.....	151	18.6	20.1	19	25	
White.....	89	22.7	7	11		
Colored.....	62	(3)	47.4	12	14	
New York.....	1,507	13.2	16.4	152	208	63
Bronx borough.....	180	10.1	13.2	11	15	35
Brooklyn borough.....	560	12.8	14.7	66	77	68
Manhattan borough.....	592	17.0	22.1	65	95	76
Queens borough.....	132	8.5	11.0	9	17	38
Richmond borough.....	43	15.3	16.8	1	4	19
Newark, N. J.....	116	13.0	12.7	19	19	94
Norfolk.....	29	8.4	13.2	3	4	61
White.....	15	8.9	2	1	65	
Colored.....	14	(3)	20.7	1	3	53
Oakland.....	81	15.8	12.6	2	5	23
Oklahoma City.....	24			0	1	
Omaha.....	62	14.8	16.9	1	6	11
Paterson.....	39	14.1	19.3	8	4	141
Philadelphia.....	520	18.3	17.9	59	73	79
Pittsburgh.....	167	13.5	16.8	23	30	50
Portland, Oreg.....	102			6	6	63
Providence.....	70	13.0	15.4	11	18	93
Richmond.....	55	14.9	27.3	4	11	53
White.....	40	19.8	3	2	61	
Colored.....	15	(3)	45.5	1	9	38
Rochester.....	87	14.0	13.3	7	11	59
St. Louis.....	210	13.1	13.8	18	10	
St. Paul.....	62	12.9	14.3	3	5	27
Salt Lake City ⁴	47	18.0	11.0	6	7	91
San Antonio.....	54	13.3	20.3	14	13	
San Diego.....	42	19.0	21.8	12	3	255
San Francisco.....	172	15.6	14.7	8	13	50
Schenectady.....	19	10.7	15.1	2	3	60
Seattle.....	65			1	5	10
Somerville.....	20	10.2	12.0	4	2	144
Spokane.....	38	18.2	12.0	2	4	50
Springfield, Mass.....	40	14.2	10.1	7	7	108
Syracuse.....	61	16.1	14.9	7	6	90
Tacoma.....	29	14.1	9.3	1	1	24
Toledo.....	73	12.5	10.4	11	3	106
Trenton.....	35	13.3	16.7	5	7	87
Utica.....	39	19.7	15.7	0	5	6
Washington, D. C.....	171	16.5	23.4	26	22	150
White.....	99		19.8	11	9	93
Colored.....	72	(3)	33.9	15	13	275
Waterbury.....	31			2	5	47
Wilmington, Del.....	35	14.5	21.4	2	5	50
Worcester.....	50	13.4	13.2	6	4	72
Yonkers.....	16	7.0	9.0	1	2	23
Youngstown.....	35	10.8	11.1	7	8	58

⁴ Deaths for week ended Friday, Feb. 18, 1927.

⁵ In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Louisville, 17; Memphis, 38; Nashville, 20; New Orleans, 26; Norfolk, 38; Richmond, 32; and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended February 26, 1927

ALABAMA	Cases	ARKANSAS—continued	Cases
Chicken pox	60	Smallpox	14
Diphtheria	39	Trachoma	1
Influenza	76	Tuberculosis	17
Malaria	15	Typhoid fever	10
Measles	235	Whooping cough	84
Mumps	44		
Pellagra	1		
Pneumonia	75		
Scarlet fever	19		
Smallpox	50		
Trachoma	3		
Tuberculosis	102		
Typhoid fever	15		
Typhus fever	1		
Whooping cough	49		
ARIZONA		CALIFORNIA	
Chicken pox	12	Cerebrospinal meningitis	
Diphtheria	2	Los Angeles	1
Influenza	1	Sacramento	1
Measles	9	Chicken pox	808
Mumps	1	Diphtheria	132
Pneumonia	2	Influenza	79
Scarlet fever	17	Lethargic encephalitis	2
Tuberculosis	31	Measles	3,186
		Mumps	220
		Poliomyelitis—San Jose	1
		Scarlet fever	244
		Smallpox	30
		Tuberculosis	172
		Typhoid fever	5
		Whooping cough	111
ARKANSAS		COLORADO	
Chicken pox	31	Cerebrospinal meningitis	3
Diphtheria	1	Chicken pox	26
Hookworm disease	3	Diphtheria	6
Influenza	149	Impetigo contagiosa	2
Malaria	49	Influenza	1
Measles	29	Measles	185
Mumps	38	Mumps	10
Ophthalmia neonatorum	1	Pneumonia	5
Pellagra	11	Scarlet fever	162
Scarlet fever	12	Smallpox	5
		Tuberculosis	27
		Whooping cough	2

CONNECTICUT

	Cases
Chicken pox	107
Diphtheria	27
German measles	3
Influenza	18
Measles	138
Mumps	36
Pneumonia (broncho)	33
Pneumonia (lobar)	41
Scarlet fever	107
Septic sore throat	1
Trachoma	1
Tuberculosis (all forms)	30
Whooping cough	36

DELAWARE

	Cases
Chicken pox	6
Diphtheria	1
Measles	4
Pneumonia	2
Scarlet fever	27
Tuberculosis	1
Typhoid fever	1
Whooping cough	5

FLORIDA

	Cases
Cerebrospinal meningitis	2
Chicken pox	44
Dengue	1
Diphtheria	30
Influenza	17
Malaria	1
Measles	78
Mumps	6
Pneumonia	8
Rabies	1
Scarlet fever	20
Smallpox	77
Tetanus	1
Typhoid fever	9
Whooping cough	14

GEORGIA

	Cases
Chicken pox	106
Conjunctivitis (infectious)	1
Diphtheria	23
Dysentery	1
Hookworm disease	4
Influenza	298
Malaria	22
Measles	253
Mumps	63
Pellagra	2
Pneumonia	56
Poliomyelitis	2
Rabies	1
Scarlet fever	16
Septic sore throat	11
Smallpox	154
Tuberculosis	35
Typhoid fever	10
Whooping cough	49

IDAHO

	Cases
Chicken pox	6
Diphtheria	1
Measles	66
Poliomyelitis—Mountain Home	1

IDAHO—continued

	Cases
Scarlet fever	20
Smallpox	1
Tuberculosis	2
ILLINOIS	
Cerebrospinal meningitis—Cook County	3
Chicken pox	415
Diphtheria	118
Influenza	29
Lethargic encephalitis	1
Measles	2,306
Mumps	476
Pneumonia	306
Poliomyelitis:	

Carroll County	1
Henderson County	1
Scarlet fever	389
Smallpox	21
Tuberculosis	179
Typhoid fever	10
Whooping cough	222

INDIANA

Cerebrospinal meningitis	1
Chicken pox	85
Diphtheria	28
Influenza	46
Measles	200
Mumps	2
Pneumonia	18
Scarlet fever	208
Smallpox	92
Tuberculosis	50
Typhoid fever	4
Whooping cough	44

IOWA

Chicken pox	81
Diphtheria	32
Measles	747
Mumps	24
Scarlet fever	71
Smallpox	24
Tuberculosis	28
Whooping cough	10

KANSAS

Cerebrospinal meningitis:	
Alexander	1
Salina	1
Chicken pox	178
Diphtheria	21
German measles	9
Influenza	11
Measles	730
Mumps	72
Pneumonia	56
Poliomyelitis—Barnes	2
Scarlet fever	187
Smallpox	33
Tetanus	1
Tuberculosis	23
Typhoid fever	3
Whooping cough	60

LOUISIANA		MICHIGAN	
	Cases		Cases
Cerebrospinal meningitis	1	Diphtheria	104
Diphtheria	22	Measles	281
Influenza	15	Pneumonia	166
Malaria	6	Scarlet fever	362
Measles	114	Smallpox	51
Pneumonia	26	Tuberculosis	99
Scarlet fever	23	Typhoid fever	8
Smallpox	6	Whooping cough	131
Tuberculosis	27		
Typhoid fever	9		
MAINE		MINNESOTA	
Cerebrospinal meningitis	1	Cerebrospinal meningitis	2
Chicken pox	44	Chicken pox	208
Conjunctivitis	5	Diphtheria	31
Diphtheria	2	Dysentery	1
German measles	43	Influenza	3
Influenza	10	Measles	274
Measles	177	Scarlet fever	264
Mumps	8	Smallpox	5
Pneumonia	22	Trachoma	1
Scarlet fever	20	Tuberculosis	57
Tuberculosis	3	Typhoid fever	6
Typhoid fever	5	Whooping cough	34
Vincent's angina	1		
Whooping cough	35		
MARYLAND ¹		MISSISSIPPI	
Chicken pox	179	Diphtheria	18
Diphtheria	66	Scarlet fever	9
German measles	2	Smallpox	7
Influenza	226	Typhoid fever	7
Lethargic encephalitis	4		
Measles	37		
Mumps	30	MISSOURI	
Ophthalmia neonatorum	2	Cerebrospinal meningitis	2
Pneumonia (broncho)	88	Chicken pox	132
Pneumonia (lobar)	68	Diphtheria	42
Scarlet fever	77	Epidemic sore throat	14
Septic sore throat	3	Influenza	26
Tuberculosis	32	Measles	229
Typhoid fever	3	Mumps	37
Vincent's angina	2	Ophthalmia neonatorum	1
Whooping cough	99	Poliomyelitis	1
		Rabies (in animals)	2
MASSACHUSETTS		Scarlet fever	142
Cerebrospinal meningitis	1	Smallpox	15
Chicken pox	292	Tuberculosis	48
Conjunctivitis (suppurative)	6	Typhoid fever	8
Diphtheria	100	Whooping cough	48
German measles	4		
Influenza	18	MONTANA	
Measles	239	Cerebrospinal meningitis ²	18
Mumps	292	Chicken pox	26
Ophthalmia neonatorum	23	Diphtheria	1
Pellagra	1	Influenza	1
Pneumonia (lobar)	118	Measles	71
Poliomyelitis	1	Mumps	18
Scarlet fever	588	Scarlet fever	79
Septic sore throat	2	Smallpox	5
Trachoma	2	Tuberculosis	1
Tuberculosis (pulmonary)	104		
Tuberculosis (other forms)	18	NEBRASKA	
Typhoid fever	7	Chicken pox	69
Whooping cough	125	Diphtheria	4

¹ Week ended Friday.² Includes 10 cases in delayed report.

NEBRASKA—continued

	Cases
Scarlet fever	61
Smallpox	16
Tuberculosis	11
Typhoid fever	2
Whooping cough	33

NEW JERSEY

Anthrax	1
Cerebrospinal meningitis	1
Chicken pox	336
Diphtheria	97
Influenza	34
Measles	55
Pneumonia	144
Pollomyelitis	1
Scarlet fever	381
Typhoid fever	7
Whooping cough	235

NEW MEXICO

Chicken pox	62
Diphtheria	1
German measles	42
Influenza	2
Measles	41
Mumps	68
Pneumonia	14
Scarlet fever	28
Smallpox	8
Tuberculosis	41
Typhoid fever	2
Whooping cough	7

NEW YORK

(Exclusive of New York City)

Chicken pox	407
Diphtheria	73
German measles	171
Lethargic encephalitis	2
Malaria	1
Measles	811
Mumps	433
Ophthalmia neonatorum	1
Pneumonia	316
Scarlet fever	309
Septic sore throat	4
Smallpox	6
Tetanus	2
Typhoid fever	11
Vincent's angina	19
Whooping cough	271

NORTH CAROLINA

Cerebrospinal meningitis	1
Chicken pox	177
Diphtheria	23
German measles	17
Measles	512
Scarlet fever	27
Septic sore throat	1
Smallpox	85
Typhoid fever	3
Whooping cough	735

³ Includes delayed reports.

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OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

	Cases
Cerebrospinal meningitis—Ottawa County	1
Chicken pox	30
Diphtheria	18
Influenza	162
Malaria	18
Measles	466
Pneumonia	63
Scarlet fever	32
Smallpox	50
Typhoid fever	13
Whooping cough	10

OREGON

Cerebrospinal meningitis	3
Chicken pox	43
Diphtheria	16
Influenza	478
Lethargic encephalitis	1
Measles	77
Mumps	23
Pneumonia	21
Scarlet fever	34
Smallpox	21
Tuberculosis	12
Typhoid fever	1
Whooping cough	19

PENNSYLVANIA

Anthrax—Philadelphia	1
Cerebrospinal meningitis—Philadelphia	2
Chicken pox	782
Diphtheria	205
German measles	132
Impetigo contagiosa	26
Lethargic encephalitis	2
Malaria	2
Measles	872
Mumps	383
Ophthalmia neonatorum	6
Pneumonia	221
Puerperal fever	1
Seasies	12
Scarlet fever	600
Tetanus	1
Trichinosis	4
Tuberculosis	112
Typhoid fever	16
Whooping cough	243

RHODE ISLAND

Cerebrospinal meningitis—Providence	1
Chicken pox	19
Diphtheria	11
Influenza	4
Mumps	10
Pneumonia	5
Scarlet fever	17
Septic sore throat	1
Smallpox	11
Tuberculosis	11
Whooping cough	10

⁴ Deaths.

SOUTH CAROLINA		Cases	UTAH—continued		Cases
Chicken pox	119		Influenza	4	
Diphtheria	23		Measles	280	
Hookworm disease	23		Mumps	4	
Influenza	157		Pneumonia	12	
Malaria	68		Scarlet fever	14	
Measles	19		Typhoid fever	2	
Mumps	3		Whooping cough	6	
Pellagra	43		VERMONT		
Poliomyelitis	6		Chicken pox	16	
Scarlet fever	10		Diphtheria	1	
Smallpox	24		Measles	55	
Tuberculosis	54		Mumps	38	
Typhoid fever	15		Scarlet fever	5	
Whooping cough	155		Whooping cough	16	
SOUTH DAKOTA			WASHINGTON		
Chicken pox	21		Cerebrospinal meningitis	4	
Diphtheria	1		Chicken pox	95	
Influenza	14		Diphtheria	18	
Measles	209		German measles	129	
Mumps	7		Influenza	3	
Pneumonia	7		Measles	177	
Scarlet fever	76		Mumps	74	
Smallpox	6		Pneumonia	1	
Typhoid fever	4		Scarlet fever	91	
Whooping cough	6		Septic sore throat	1	
TENNESSEE			Smallpox	45	
Cerebrospinal meningitis:			Tuberculosis	24	
Montgomery County	1		Typhoid fever	1	
Nashville	2		Whooping cough	9	
Chicken pox	91		WEST VIRGINIA		
Diphtheria	17		Cerebrospinal meningitis:		
Influenza	84		Logan County	1	
Malaria	4		Marion County	1	
Measles	240		Wetzel County	1	
Mumps	2		Wheeling	2	
Ophthalmia neonatorum	4		Chicken pox	94	
Pellagra	2		Diphtheria	26	
Pneumonia	39		Influenza	56	
Scarlet fever	39		Measles	198	
Smallpox	15		Scarlet fever	60	
Tetanus	1		Smallpox	32	
Tuberculosis	30		Tuberculosis	18	
Typhoid fever	2		Typhoid fever	17	
Whooping cough	89		Whooping cough	117	
TEXAS			WISCONSIN		
Chicken pox	31		Milwaukee:		
Diphtheria	87		Cerebrospinal meningitis	1	
Influenza	23		Chicken pox	89	
Leprosy	1		Diphtheria	13	
Measles	26		German measles	5	
Mumps	23		Influenza	1	
Pneumonia	4		Measles	32	
Scarlet fever	28		Mumps	40	
Smallpox	29		Pneumonia	22	
Trachoma	1		Scarlet fever	56	
Tuberculosis	26		Tuberculosis	10	
Typhoid fever	2		Whooping cough	42	
Whooping cough	11		Scattering:		
			Cerebrospinal meningitis	5	
			Chicken pox	145	
			Diphtheria	17	
			German measles	46	
			Influenza	79	
			Measles	569	
UTAH					
Cerebrospinal meningitis—Salt Lake City	1				
Chicken pox	26				
Diphtheria	6				

WISCONSIN—continued

	Cases		WYOMING	Cases
Scattering—Continued.				
Mumps	151	Chicken pox	26	
Pneumonia	20	Diphtheria	1	
Poliomyelitis	2	German measles	21	
Scarlet fever	232	Measles	163	
Smallpox	14	Mumps	1	
Tuberculosis	29	Paratyphoid fever	1	
Typhoid fever	2	Scarlet fever	30	
Whooping cough	134	Smallpox	1	

Reports for Week Ended February 19, 1927

DISTRICT OF COLUMBIA

	Cases		NORTH DAKOTA—continued	Cases
Chicken pox	42	Diphtheria	2	
Diphtheria	43	German measles	6	
Influenza	24	Measles	102	
Measles	1	Mumps	7	
Pneumonia	35	Pneumonia	8	
Scarlet fever	19	Scarlet fever	73	
Tuberculosis	22	Smallpox	4	
Whooping cough	21	Tuberculosis	2	
NORTH DAKOTA				
Cerebrospinal meningitis	2	Whooping cough	6	
Chicken pox	18			

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
<i>January, 1927</i>										
Alabama	6	235	419	49	276	16	1	122	241	51
Illinois	15	568	313	5	6,041	2	2	1,567	172	52
Louisiana	4	97	128	36	362	8	1	66	48	42
Maine	0	12	96		929		1	160	0	5
Maryland	2	267	371		116		0	358	1	38
Minnesota	16	182	4		1,026		1	1,219	19	22
Missouri	7	311	139	14	1,160		2	776	81	18
New Jersey	13	517	142	1	201		1	1,311	0	14
North Carolina	0	190			689		2	304	276	24
Ohio	10	789	64		382		6	1,946	222	44
Rhode Island	0	61	25		7		1	100	0	5
Tennessee	5	151	526	29	768	13	1	341	46	132
West Virginia	3	113	232		381		0	242	29	59
Wisconsin	27	218	241		3,713		3	934	92	23

January, 1927

	Cases	Chicken pox—Continued.	Cases
Actinomycosis:		Ohio	2,803
Illinois	1	Rhode Island	64
Anthrax:		Tennessee	397
New Jersey	2	West Virginia	303
Chicken pox:		Wisconsin	1,550
Alabama	343	Conjunctivitis:	
Illinois	2,117	Maine	2
Louisiana	90	Rhode Island	1
Maine	342	Dengue:	
Maryland	713	Alabama	3
Minnesota	1,155	Dysentery:	
Missouri	570	Illinois	23
New Jersey	1,520	Louisiana	1
North Carolina	860	Maine	1
		Maryland	1

Dysentery—Continued.		Cases	Paratyphoid fever—Continued.		Cases
Minnesota		3	Ohio		1
New Jersey		1	Tennessee		3
Ohio		1	Puerperal septicemia:		
German measles:			Illinois		11
Illinois		84	Rabies in animals:		
Maine		113	Maryland		6
Maryland		5	Missouri		16
New Jersey		107	Rabies in man:		
North Carolina		28	Ohio		2
Ohio		60	Tennessee		4
Rhode Island		5	Scabies:		
Wisconsin		97	Maryland		1
Hookworm disease:			Septic sore throat:		
Louisiana		1	Illinois		5
Impetigo contagiosa:			Maine		2
Maryland		1	Maryland		16
Lead poisoning:			Missouri		2
Illinois		25	North Carolina		4
New Jersey		3	Ohio		1
Ohio		13	Rhode Island		2
Lethargic encephalitis:			Tetanus:		
Alabama		6	Illinois		2
Illinois		9	Maryland		2
Louisiana		1	Missouri		3
Maryland		2	Trachoma:		
Ohio		2	Illinois		5
Tennessee		2	Missouri		3
Wisconsin		2	Ohio		10
Mumps:			Wisconsin		1
Alabama		87	Tularaemia:		
Illinois		1,016	Illinois		5
Louisiana		23	Typhus fever:		
Maine		58	Alabama		6
Maryland		83	Vincent's angina:		
Missouri		113	Illinois		1
Ohio		386	Maine		22
Rhode Island		23	Maryland		3
Tennessee		26	Whooping cough:		
Wisconsin		816	Alabama		172
Ophthalmia neonatorum:			Illinois		779
Illinois		33	Louisiana		33
Louisiana		2	Maine		277
Maryland		1	Maryland		463
Missouri		4	Minnesota		111
New Jersey		5	Missouri		163
Ohio		90	New Jersey		821
Rhode Island		2	North Carolina		1,814
Wisconsin		1	Ohio		914
Paratyphoid fever:			Rhode Island		49
Illinois		2	Tennessee		436
Louisiana		1	West Virginia		357
Maine		1	Wisconsin		809

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of January, 1927, to other State health departments by departments of health of certain States

Referred by—	Diph- theria	Dysen- teric (amebic)	Malta fever	Scarlet fever	Small- pox	Tuber- culosis	Typhoid fever
California						1	
Connecticut							2
Illinois	2			2	3		3
Massachusetts							3
Minnesota	1	2			1	79	3
New Jersey	1		1		3	1	1
New York							3
Washington							1

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 97 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 30,500,000. The estimated population of the 91 cities reporting deaths is more than 29,830,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended February 12, 1927, February 13, 1926

		1926	1927	Estimated expectancy
<i>Cases reported</i>				
Diphtheria:				
41 States		1,669	1,836	
97 cities		770	1,045	1,035
Measles:				
32 States		17,646	11,837	
97 cities		9,973	3,796	
Poliomyelitis:				
41 States		17	9	
Scarlet fever:				
41 States		4,851	5,977	
97 cities		1,713	2,265	1,334
Smallpox:				
41 States		1,143	883	
97 cities		308	146	132
Typhoid fever:				
41 States		177	235	
97 cities		37	41	38
<i>Deaths reported</i>				
Influenza and pneumonia:				
91 cities		1,371	984	

City reports for week ended February 12, 1927

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1918 is included. In obtaining the estimated expectancy the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	14	1	0	0	0	1	2	4
New Hampshire:									
Concord	22,546	0	1	0	0	0	52	0	0
Manchester	83,007	0	3	0	0	1	0	0	1
Vermont:									
Barre	10,008	0	0	0	0	0	30	0	1
Burlington	24,089	0	1	1	0	0	0	1	0

City reports for week ended February 12, 1927—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND—contd.									
Massachusetts:									
Boston	779,620	106	61	46	5	1	54	88	28
Fall River	128,993	8	5	4	1	0	0	3	0
Springfield	142,065	3	3	4	0	0	1	2	0
Worcester	190,757	5							
Rhode Island:									
Pawtucket	60,760	3	1	1	0	0	0	1	3
Providence	267,918	0	11	5	0	0	0	0	8
Connecticut:									
Bridgeport	(1)	0	9	5	0	6	5	1	4
Hartford	160,197	7	8	0	1	0	0	0	8
New Haven	178,927	19	2	1	0	0	0	1	5
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	43	14	5	2	3	21	18	
New York	5,873,356	357	195	254	102	22	32	314	230
Rochester	316,786	6	11	9		2	2	1	5
Syracuse	182,003	15	6	1		0	5	7	2
New Jersey:									
Camden	128,642	14	5	20	1	1	2	0	5
Newark	452,513	18	22	9	13	1	5	33	6
Trenton	132,020	5	5	1	0	1	0	0	2
Pennsylvania:									
Philadelphia	1,979,364	161	79	71		18	4	74	61
Pittsburgh	631,563	72	20	9		10	32	0	20
Reading	112,707	3	4	2		0	6	42	3
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	400,333	21	8	12	0	6	0	15	11
Cleveland	936,554	167	33	58	5	3	3	6	26
Columbus	279,836	23	4	2	0	1	8	2	5
Toledo	287,380	72	7	3	0	0	4	0	9
Indiana:									
Fort Wayne	97,846	7	3	2	0	1	61	0	1
Indianapolis	358,819	63	11	6	0	1	15	14	14
South Bend	80,091	8	1	2	0	0	31	0	3
Terre Haute	71,071	3	2	0	0	0	11	0	2
Illinois:									
Chicago	2,905,239	140	96	89	27	11	686	58	74
Peoria	81,564	10	0	0	0	0	58	10	0
Springfield	63,923	7	1	3	0	0	225	0	0
Michigan:									
Detroit	1,245,824	139	62	64	10	7	12	88	31
Flint	130,316	17	6	2	0	1	3	0	5
Grand Rapids	153,668	7	3	1	0	1	0	2	4
Wisconsin:									
Kenosha	50,891	14	2	0	0	0	77	26	0
Madison	46,385	20	1	0	0	0	3	2	0
Milwaukee	509,192	110	18	26	1	1	39	46	13
Racine	67,767	23	2	1	0	0	8	23	0
Superior	39,671	0	1	0	0	0	0	0	3
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	5	2	0	0	0	51	0	0
Minneapolis	425,435	89	20	14	0	0	8	2	10
St. Paul	246,001	41	15	3	0	5	4	0	9
Iowa:									
Davenport	52,469	1	1	0	0		19	1	
Des Moines	141,441	2	3	1	0		9	0	
Sioux City	76,411	9	2	1	0		77	1	
Waterloo	36,771	4	0	0	0		63	0	
Missouri:									
Kansas City	367,481	88	9	4	0	1	29	7	11
St. Joseph	78,342	1	2	2	0	1	9	0	7
St. Louis	821,543	50	51	45	1	0	18	36	

¹ No estimate made.

City reports for week ended February 12, 1927—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneu-monia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
WEST NORTH CENTRAL—continued									
North Dakota:									
Fargo	26,403	1	0	0	0	0	9	2	2
South Dakota:									
Aberdeen	15,036	6	0	0	0	0	5	2	2
Sioux Falls	30,127	3	1	0	0	0	0	0	0
Nebraska:									
Lincoln	60,941	5	1	1	0	0	45	1	0
Omaha	211,768	15	5	3	0	0	79	19	2
Kansas:									
Topeka	55,411	18	2	3	0	0	5	0	1
Wichita	88,367	45	4	3	0	0	2	0	4
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,019	1	2	2	0	0	1	0	5
Maryland:									
Baltimore	796,296	144	32	48	31	2	2	7	34
Cumberland	33,741	1	1	2	0	0	0	0	2
Frederick	12,035	0	0	2	0	0	0	0	0
District of Columbia:									
Washington	497,906	94	19	25	12	3	3	0	11
Virginia:									
Lynchburg	30,395	5	1	3	0	0	2	1	1
Norfolk	(1)	17	3	3	0	0	12	1	10
Richmond	186,403	7	4	17	0	4	105	1	3
Roanoke	58,208	2	1	1	0	0	1	0	3
West Virginia:									
Charleston	49,019	14	1	1	0	0	0	1	2
Wheeling	56,208	7	1	0	0	0	4	0	3
North Carolina:									
Raleigh	30,371	49	0	2	0	0	2	0	1
Wilmington	37,061	16	0	0	0	0	0	4	2
Winston-Salem	69,031	18	0	1	0	0	1	9	1
South Carolina:									
Charleston	73,125	1	0	0	30	0	0	1	2
Columbia	41,225	13	0	1	0	0	0	6	—
Greenville	27,311	3	0	0	0	0	0	0	2
Georgia:									
Atlanta	(1)	8	3	10	61	3	45	0	2
Brunswick	16,809	0	0	0	0	0	0	0	0
Savannah	93,134	6	1	0	9	0	0	0	6
Florida:									
Miami	60,754	11	2	1	2	0	2	13	1
St. Petersburg	26,847	0	0	0	0	0	0	3	—
Tampa	94,743	3	2	5	0	1	21	0	3
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	0	1	2	0	1	0	0	2
Louisville	305,935	13	7	1	3	0	0	3	8
Tennessee:									
Memphis	174,533	31	3	0	0	0	7	0	4
Nashville	136,220	5	1	1	0	3	1	0	3
Alabama:									
Birmingham	205,670	15	3	6	10	3	44	5	4
Mobile	65,955	6	0	1	0	0	37	0	1
Montgomery	46,481	13	1	1	0	0	0	1	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	2	1	0	0	0	3	2	1
Little Rock	74,216	1	1	0	0	0	1	0	1
Louisiana:									
New Orleans	414,493	6	12	12	7	3	95	0	19
Shreveport	57,857	11	0	1	0	0	1	4	1
Oklahoma:									
Oklahoma City	(1)	4	1	0	6	1	1	0	4

¹ No estimate made.

City reports for week ended February 12, 1927—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases re-ported	Diphtheria		Influenza		Meas-les, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, es-ti-mated ex-pectancy	Cases re-ported	Cases re-ported	Deaths re-ported			
WEST SOUTH CENTRAL—continued									
Texas:									
Dallas	194,430	13	6	5	4	4	7	3	3
Galveston	48,375	0	0	1	0	0	0	0	1
Houston	164,954	11	4	7	0	1	2	12	6
San Antonio	198,060	2	2	10	0	1	0	0	3
MOUNTAIN									
Montana:									
Billings	17,971	0	0	0	0	0	5	0	1
Great Falls	29,883	2	1	2	0	1	26	0	0
Helena	12,037	0	0	1	0	0	0	0	0
Missoula	12,668	1	0	0	0	0	0	18	1
Idaho:									
Boise	23,042	1	0	0	0	0	43	2	0
Colorado:									
Denver	280,911	29	13	11	6	651	0	0	4
Pueblo	43,787	4	2	2	0	0	3	0	1
New Mexico:									
Albuquerque	21,000	3	0	0	1	0	32	0	0
Arizona:									
Phoenix	38,660	1	1	0	0	2	0	0	4
Utah:									
Salt Lake City	130,948	22	3	1	0	1	147	2	7
Nevada:									
Reno	12,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	(1)	36	8	9	0	26	40	0	0
Spokane	108,897	15	4	0	0	135	0	0	4
Tacoma	104,455	15	2	5	0	3	0	0	0
Oregon:									
Portland	282,383	5	9	8	80	5	32	0	13
California:									
Los Angeles	(1)	111	41	34	49	4	429	23	18
Sacramento	72,200	4	3	1	0	0	110	20	2
San Francisco	557,530	36	23	15	16	2	147	55	9

Division, State, and city	Scarlet fever		Smallpox			Tuber-cu-losis, deaths re-ported	Typhoid fever			Whoop-ing cough, cases re-ported	Deaths, all causes
	Cases, es-ti-mated ex-pectancy	Cases re-ported	Cases, es-ti-mated ex-pectancy	Cases re-ported	Deaths re-ported		Cases, es-ti-mated ex-pectancy	Cases re-ported	Deaths re-ported		
NEW ENGLAND											
Maine:											
Portland	4	2	0	0	0	1	0	1	0	8	21
New Hampshire:											
Concord	0	1	0	0	0	0	0	0	0	0	11
Manchester	3	0	0	0	0	0	0	0	0	0	12
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	0	6
Burlington	1	0	0	0	0	0	0	0	0	1	4
Massachusetts:											
Boston	70	145	0	0	0	8	1	0	0	21	244
Fall River	3	4	0	0	0	3	1	1	0	13	28
Springfield	9	4	0	0	0	3	0	0	0	0	34
Worcester	10	0	0	0	0	0	0	0	0	0	0
Rhode Island:											
Pawtucket	0	2	0	0	0	0	0	0	0	0	21
Providence	8	14	0	0	0	3	0	0	0	0	60

¹ No estimate made.

City reports for week ended February 12, 1927—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND—continued											
Connecticut:											
Bridgeport	9	25	0	0	0	4	0	0	0	0	29
Hartford	6	10	0	0	0	1	0	0	0	3	42
New Haven	11	7	0	0	0	1	0	0	0	4	53
MIDDLE ATLANTIC											
New York:											
Buffalo	24	24	1	0	0	11	1	0	0	12	169
New York	246	578	0	0	0	100	7	9	1	111	1,485
Rochester	13	7	0	0	0	1	0	1	0	0	79
Syracuse	18	6	0	0	0	2	0	0	0	9	20
New Jersey:											
Camden	4	9	0	0	0	2	0	0	0	0	33
Newark	25	56	0	0	0	8	0	0	0	44	99
Trenton	6	6	0	0	0	2	1	1	1	9	35
Pennsylvania:											
Philadelphia	87	147	0	0	0	43	3	0	0	36	593
Pittsburgh	41	26	0	0	0	10	0	0	0	5	172
Reading	2	1	0	0	0	0	0	0	0	1	25
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	15	31	1	0	0	14	1	1	0	1	133
Cleveland	44	37	1	0	0	14	1	0	0	37	212
Columbus	12	14	2	0	0	3	0	0	0	12	71
Toledo	14	14	1	2	0	7	0	0	0	41	81
Indiana:											
Fort Wayne	5	3	1	2	0	1	0	0	0	2	27
Indianapolis	10	26	12	13	0	6	0	0	0	23	117
South Bend	3	5	1	0	0	0	0	0	0	0	18
Terre Haute	2	0	1	1	0	1	0	0	0	0	17
Illinois:											
Chicago	143	122	4	1	0	52	3	1	0	71	739
Peoria	5	0	1	0	0	3	0	0	0	4	25
Springfield	2	2	0	0	0	0	0	0	0	0	14
Michigan:											
Detroit	94	119	3	2	0	26	1	1	0	79	288
Flint	8	35	1	2	0	0	0	0	0	1	34
Grand Rapids	9	13	1	0	0	1	0	0	0	6	35
Wisconsin:											
Kenosha	1	11	0	0	0	0	0	1	0	4	4
Madison	3	14	0	0	0	0	0	0	0	12	6
Milwaukee	29	55	2	1	0	7	0	0	0	38	127
Racine	5	5	1	0	0	1	0	0	0	5	15
Superior	3	9	4	0	0	0	0	0	0	0	11
WEST NORTH CENTRAL											
Minnesota:											
Duluth	7	5	1	0	0	1	0	0	0	1	16
Minneapolis	53	68	12	0	0	4	0	0	1	0	92
St. Paul	34	48	5	11	0	6	1	0	0	8	58
Iowa:											
Davenport	2	1	2	0	0	0	0	0	0	0	-----
Des Moines	7	5	2	0	0	0	0	0	0	0	-----
Sioux City	2	4	2	0	0	0	0	0	0	1	-----
Waterloo	2	0	0	0	0	0	0	0	0	4	-----
Missouri:											
Kansas City	12	37	2	6	0	4	1	0	0	8	86
St. Joseph	3	4	0	0	0	1	0	0	0	1	31
St. Louis	36	54	4	0	0	8	1	2	0	25	206
North Dakota:											
Fargo	2	5	0	0	0	0	0	0	0	1	6
South Dakota:										0	-----
Aberdeen	1	2	0	0	0	0	0	0	0	0	-----
Sioux Falls	3	2	0	0	0	0	0	0	0	0	-----

¹ Pulmonary tuberculosis only.

City reports for week ended February 12, 1927—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST NORTH CENTRAL—con.											
Nebraska:											
Lincoln	3	6	0	0	0	1	0	1	0	1	18
Omaha	5	13	10	2	0	3	0	1	0	3	49
Kansas:											
Topeka	2	1	0	17	0	1	0	0	0	27	17
Wichita	4	13	1	0	0	1	0	0	0	6	32
SOUTH ATLANTIC											
Delaware:											
Wilmington	4	28	0	0	0	1	0	0	0	3	23
Maryland:											
Baltimore	46	51	0	0	0	16	2	4	0	95	235
Cumberland	1	1	0	0	0	0	0	1	0	0	12
Frederick	1	2	0	0	0	0	0	0	0	1	7
Dist. of Columbia:											
Washington	26	18	2	0	0	12	1	1	0	16	149
Virginia:											
Lynchburg	0	1	0	0	0	0	0	0	0	0	9
Norfolk	2	7	0	0	0	4	0	0	0	26	—
Richmond	4	1	0	0	0	1	1	0	0	13	48
Roanoke	1	1	0	0	0	1	0	0	0	0	22
West Virginia:											
Charleston	1	5	1	0	0	0	0	4	0	4	17
Wheeling	1	5	0	0	0	1	1	0	0	7	12
North Carolina:											
Raleigh	1	4	0	0	0	2	0	0	0	36	16
Wilmington	0	0	0	0	0	0	0	0	0	17	12
Winston-Salem	1	2	4	1	0	2	0	0	0	40	19
South Carolina:											
Charleston	0	4	0	1	0	1	0	0	0	0	20
Columbia	0	0	1	3	—	0	0	0	0	12	—
Greenville	0	2	0	2	0	1	0	0	0	1	14
Georgia:											
Atlanta	4	7	2	28	0	5	0	0	0	4	—
Brunswick	0	1	0	0	0	1	0	0	0	0	4
Savannah	0	1	0	0	0	2	0	0	0	0	35
Florida:											
Miami	1	0	0	0	0	1	1	0	0	2	29
St. Petersburg	1	—	0	0	0	0	0	0	0	19	—
Tampa	0	2	0	0	0	0	1	0	0	0	20
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	1	0	0	0	2	0	0	0	0	17
Louisville	5	8	1	2	0	11	1	1	1	99	89
Tennessee:											
Memphis	4	28	2	8	0	2	1	0	0	19	57
Nashville	4	4	1	0	0	4	0	1	0	0	43
Alabama:											
Birmingham	2	3	5	5	0	0	0	0	0	6	50
Mobile	0	0	1	1	0	1	0	0	0	0	15
Montgomery	0	0	1	0	0	0	0	0	0	3	6
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	0	0	0	0	0	0	0	0	5	12
Little Rock	1	0	0	0	0	1	0	0	0	0	—
Louisiana:											
New Orleans	6	7	2	0	0	12	2	0	0	3	156
Shreveport	1	1	2	0	0	0	0	2	0	1	26
Oklahoma:											
Oklahoma City	2	0	3	8	0	0	0	0	0	0	26
Texas:											
Dallas	2	7	2	9	0	3	1	1	0	4	40
Galveston	0	1	1	0	0	0	0	0	0	0	8
Houston	1	2	2	7	0	0	2	0	0	0	61
San Antonio	1	0	0	0	0	7	1	0	0	0	58

City reports for week ended February 12, 1927—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
MOUNTAIN											
Montana:											
Billings	0	1	0	0	0	0	0	0	0	0	6
Great Falls	2	5	2	0	0	0	0	0	0	0	6
Helena	0	0	0	0	0	0	0	0	0	0	2
Missoula	1	19	1	0	0	0	0	0	0	0	6
Idaho:											
Boise	1	4	1	1	0	0	0	0	0	0	10
Colorado:											
Denver	13	97	2	0	0	8	0	0	0	1	74
Pueblo	1	2	0	1	0	2	0	0	0	0	12
New Mexico:											
Albuquerque	1	5	0	0	0	4	0	0	0	2	13
Arizona:											
Phoenix	0	3	0	0	0	9	0	0	0	0	23
Utah:											
Salt Lake City	3	11	2	0	0	1	0	0	0	1	38
Nevada:											
Reno	1	0	0	0	0	0	0	0	0	0	1
PACIFIC											
Washington:											
Seattle	10	12	3	0			0	2		9	
Spokane	4	37	5	9			0	0		5	
Tacoma	3	8	3	15	0	0	0	0	0	0	20
Oregon:											
Portland	6	6	9	0	0	2	0	2	0	1	75
California:											
Los Angeles	28	63	7	0	0	24	2	2	0	12	249
Sacramento	2	1	1	1	0	0	1	1	0	0	15
San Francisco	15	28	4	4	0	11	1	2	0	14	173

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases Deaths
NEW ENGLAND								
Massachusetts:								
Boston	0	1	0	0	0	0	0	0
Fall River	0	0	1	1	0	0	0	0
Connecticut:								
Bridgeport	0	0	1	1	0	0	0	0
Hartford	0	0	1	0	0	0	0	0
MIDDLE ATLANTIC								
New York:								
New York	3	2	13	1	0	0	1	0
New Jersey:								
Newark	1	0	1	0	0	0	0	0
Pennsylvania:								
Philadelphia	1	0	0	0	0	0	0	0
EAST NORTH CENTRAL								
Ohio:								
Columbus	0	0	0	1	0	0	0	0
Toledo	2	2	0	0	0	0	0	0
Illinois:								
Chicago	1	0	1	0	0	0	0	0
Michigan:								
Detroit	2	2	1	0	0	0	0	0
Wisconsin:								
Milwaukee	2	3	0	0	0	0	0	0

City reports for week ended February 12, 1927—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis.....	1	0	0	0	0	0	0	0	0
Missouri:									
St. Louis.....	1	0	0	0	0	0	0	0	0
Nebraska:									
Omaha.....	1	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	0	0	0	1	0	0	0	0	1
District of Columbia:									
Washington.....	0	0	3	2	1	1	0	0	0
Virginia:									
Richmond.....	0	0	0	1	0	0	0	0	0
Georgia:									
Atlanta ¹	0	0	0	0	1	0	0	0	0
Florida:									
Miami.....	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Nashville.....	2	2	0	0	2	0	0	0	0
Alabama:									
Mobile.....	0	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans.....	0	0	0	0	2	0	0	0	0
Shreveport.....	0	0	0	0	0	1	0	0	0
Texas:									
Houston.....	0	0	0	0	0	1	0	0	0
PACIFIC									
Washington:									
Seattle.....	1	0	0	0	0	0	0	0	0
Spokane.....	2	0	0	0	0	0	0	0	0
Tacoma.....	1	0	0	0	0	0	0	0	0
Oregon:									
Portland.....	1	0	0	0	0	0	0	0	0
California:									
Los Angeles.....	2	0	0	0	0	0	0	1	0
Sacramento.....	1	0	0	0	0	0	0	0	0
San Francisco.....	1	0	0	0	0	0	0	0	0

¹ Typhus fever: 1 case at Atlanta, Ga.

The following table gives the rates per 100,000 population for 101 cities for the five-week period ended February 12, 1927, compared with those for a like period ended February 13, 1926. The population figures used in computing the rates are approximate estimates as of July 1, 1926 and 1927, respectively, authoritative figures for many of the cities not being available. The 101 cities reporting cases had estimated aggregate populations of approximately 30,440,000 in 1926 and 30,960,000 in 1927. The 95 cities reporting deaths had nearly 29,780,000 estimated population in 1926 and nearly 30,290,000 in 1927. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, January 9 to February 12, 1927—Annual rates per 100,000 population, compared with rates for the corresponding period of 1926¹

DIPHTHERIA CASE RATES

	Week ended—									
	Jan. 16, 1926	Jan. 15, 1927	Jan. 23, 1926	Jan. 22, 1927	Jan. 30, 1926	Jan. 29, 1927	Feb. 6, 1926	Feb. 5, 1927	Feb. 13, 1926	Feb. 12, 1927
101 cities.....	146	187	142	176	142	178	134	195	136	178
New England.....	144	174	132	151	118	163	97	146	123	168
Middle Atlantic.....	151	177	138	192	130	194	129	229	141	188
East North Central.....	135	189	131	170	138	175	119	202	132	179
West North Central.....	258	159	210	147	250	127	222	123	171	155
South Atlantic.....	140	216	151	161	115	199	132	143	134	225
East South Central.....	67	250	72	153	41	102	41	127	47	74
West South Central.....	120	247	155	172	142	206	137	241	116	151
Mountain.....	128	117	155	117	264	198	128	189	173	153
Pacific.....	80	194	139	233	166	168	188	217	130	168

MEASLES CASE RATES

101 cities.....	974	334	1,336	445	1,385	417	1,481	1,500	1,719	1,648
New England.....	2,861	195	2,566	548	2,745	323	2,403	378	2,342	364
Middle Atlantic.....	846	38	1,060	49	1,187	46	1,350	41	1,514	45
East North Central.....	1,303	380	2,071	516	2,001	500	2,155	647	2,637	738
West North Central.....	129	193	153	278	280	298	395	455	551	685
South Atlantic.....	1,345	203	2,457	303	2,261	257	2,557	538	3,066	364
East South Central.....	238	97	284	204	393	188	708	270	729	507
West South Central.....	17	306	13	453	26	382	34	577	13	457
Mountain.....	91	3,443	118	5,088	100	4,459	91	7,237	109	7,866
Pacific.....	51	1,482	64	1,346	72	1,508	104	1,542	166	2,225

SCARLET FEVER CASE RATES

101 cities.....	286	366	292	383	287	386	298	1,402	1,298	1,389
New England.....	380	478	300	536	377	539	401	508	361	544
Middle Atlantic.....	238	339	237	369	235	379	209	434	197	424
East North Central.....	322	344	325	330	300	342	338	319	359	327
West North Central.....	557	558	678	518	666	488	754	522	782	500
South Atlantic.....	184	259	184	281	153	254	162	246	169	258
East South Central.....	140	214	202	336	109	321	119	245	114	99
West South Central.....	90	143	69	107	69	113	137	125	107	75
Mountain.....	319	1,115	374	1,349	255	1,609	155	1,519	219	1,250
Pacific.....	268	377	254	319	332	327	324	437	308	390

SMALLPOX CASE RATES

101 cities.....	47	22	35	20	40	26	47	25	53	25
New England.....	0	0	0	0	0	0	0	0	0	0
Middle Atlantic.....	2	1	0	1	1	0	0	1	0	0
East North Central.....	37	21	33	17	43	17	16	22	23	15
West North Central.....	52	60	34	60	54	70	52	54	32	71
South Atlantic.....	67	51	56	34	58	60	101	43	80	60
East South Central.....	57	87	47	25	21	87	41	102	52	49
West South Central.....	146	25	99	63	125	42	155	82	112	67
Mountain.....	18	0	27	0	18	9	73	9	73	18
Pacific.....	284	37	193	63	204	71	321	63	458	75

¹ The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1926 and 1927, respectively.

² Fort Smith, Ark., not included.

³ Madison, Wis., not included.

⁴ Worcester, Mass., Greenville, S. C., and Memphis, Tenn., not included.

⁵ Worcester, Mass., not included.

⁶ Greenville, S. C., not included.

⁷ Memphis, Tenn., not included.

Summary of weekly reports from cities, January 9 to February 12, 1927—Annual rates per 100,000 population, compared with rates for the corresponding period of 1926—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Jan. 16, 1926	Jan. 15, 1927	Jan. 23, 1926	Jan. 22, 1927	Jan. 30, 1926	Jan. 29, 1927	Feb. 6, 1926	Feb. 5, 1927	Feb. 13, 1926	Feb. 12, 1927
101 cities.....	11	9	9	7	8	7	7	7	6	7
New England.....	2	21	9	2	9	5	14	9	5	5
Middle Atlantic.....	16	8	10	5	9	4	3	9	6	5
East North Central.....	8	1	3	6	4	2	3	5	4	2
West North Central.....	4	6	4	4	2	8	6	4	4	6
South Atlantic.....	7	16	7	7	9	18	13	5	15	18
East South Central.....	16	15	5	10	10	36	21	5	10	12
West South Central.....	13	17	47	4	17	0	4	17	0	13
Mountain.....	9	9	0	27	18	18	36	0	0	0
Pacific.....	13	21	16	21	11	21	16	8	13	18

INFLUENZA DEATH RATES

95 cities.....	23	21	20	21	29	25	34	19	33	25
New England.....	14	14	7	5	17	9	12	5	19	3
Middle Atlantic.....	16	20	14	20	18	22	20	21	15	28
East North Central.....	11	16	8	25	12	21	12	9	11	22
West North Central.....	19	10	11	4	13	4	19	12	4	15
South Atlantic.....	23	24	40	20	36	50	68	28	64	24
East South Central.....	88	36	57	15	72	31	103	56	62	43
West South Central.....	75	43	88	43	141	73	168	65	282	39
Mountain.....	64	99	18	54	73	72	100	45	128	72
Pacific.....	46	14	39	31	78	14	67	7	35	21

PNEUMONIA DEATH RATES

95 cities.....	211	179	190	183	201	159	206	168	212	147
New England.....	208	190	210	207	144	158	200	188	156	155
Middle Atlantic.....	236	205	228	197	218	174	213	197	212	174
East North Central.....	153	152	139	138	166	132	145	122	161	128
West North Central.....	127	125	82	116	110	127	125	135	78	96
South Atlantic.....	278	193	289	283	286	193	346	226	408	169
East South Central.....	284	109	228	245	207	204	248	199	222	111
West South Central.....	331	181	291	202	415	202	362	151	516	146
Mountain.....	328	198	273	216	164	171	228	144	328	144
Pacific.....	166	169	184	134	173	107	184	121	110	114

* Fort Smith, Ark., not included.

* Madison, Wis., not included.

* Worcester, Mass., Greenville, S. C., and Memphis, Tenn., not included.

* Worcester, Mass., not included.

* Greenville, S. C., not included.

* Memphis, Tenn., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1926 and 1927, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1926	1927	1926	1927
Total.....	101	95	30,458,500	30,960,600	29,778,400	30,289,800
New England.....	12	12	2,211,000	2,245,900	2,211,000	2,245,900
Middle Atlantic.....	10	10	10,457,000	10,567,000	10,457,000	10,567,000
East North Central.....	16	16	7,644,900	7,804,500	7,644,900	7,804,500
West North Central.....	12	10	2,585,500	2,626,600	2,470,600	2,510,000
South Atlantic.....	21	20	2,799,500	2,878,100	2,757,700	2,835,700
East South Central.....	7	7	1,008,300	1,023,500	1,008,300	1,023,500
West South Central.....	8	7	1,213,800	1,243,300	1,181,500	1,210,400
Mountain.....	9	9	572,100	580,000	572,100	580,000
Pacific.....	6	4	1,946,400	1,991,700	1,473,300	1,512,800

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended February 5, 1927.—The following report for the week ended February 5, 1927, was transmitted by the eastern bureau of the secretariat of the health section of the League of Nations, located at Singapore, to the headquarters at Geneva:

Maritime towns	Plague		Cholera		Small-pox		Maritime towns	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Ceylon: Colombo.....	1	1	0	0	0	0	Siam: Bangkok.....	0	0	1	0	5	3
British India:							Japan: Kobe.....	0	0	0	0	1	0
Karachi.....	0		0	0	2	2	Hongkong.....	0	0	0	0	3	0
Bombay.....	0		0	41	11		China: Shanghai.....	0	0	0	0	1	1
Madras.....	0		0	20	2		U. S. S. R.: Vladivostok.....	0	0	0	0	5	
Calcutta.....	0		0	29	77	66	Manchuria:						
Rangoon.....	6		1	3	2		Changchun.....	0	0	0	0	1	0
Negapatam.....	0		0	0	1	1	Mukden.....	0	0	0	0	3	0
Vizagapatam.....	0		0	1	0		Mauritius:						
Straits Settlements:							Port Louis.....	1	0	0	0	0	0
Singapore.....	0	0	0	0	1	0							
Dutch East Indies:													
Surabaya.....	2	2	0	0	0	0							

Telegraphic reports from the following maritime towns indicated that no case of plague, cholera, or smallpox was reported during the week:

ASIA

Arabia.—Aden, Jeddah, Kamaran, Perim.
 Iraq.—Bersrah.
 Persia.—Mohammerah, Bender-Abbas, Bushire.
 British India.—Chittagong, Cochin, Tuticorin.
 Portuguese India.—Nova Goa.
 Federated Malay States.—Port Swettenham.
 Straits Settlements.—Penang.
 Dutch East Indies.—Batavia, Sabang, Samarinda, Macassar, Belawan-Deli, Pontianak, Semarang, Menado, Banjermasin, Cheribon, Padang, Palembang, Balikpapan, Tarakan.
 Sarawak.—Kuching.
 British North Borneo.—Sandakan, Jesselton, Kudat, Tawau.
 Portuguese Timor.—Dilly.
 French Indo-China.—Saigon and Cholon, Hanoi, Turane.
 Philippine Islands.—Manila, Iloilo, Jolo, Cebu, Zamboanga.
 China.—Amoy.
 Macao.
 Formosa.—Keelung.
 Chosen.—Chemulpo, Fusun.
 Manchuria.—Harbin, Antung, Yingkow, Changchun.
 Kwentung.—Port Arthur, Dairen.
 Japan.—Yokohama, Nagasaki, Niigata, Hakodate, Shimoneoki, Moji, Tsuruga, Osaka.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island, New Guinea.—Port Moresby.
 New Britain Mandated Territory.—Rabaul and Kokopo.
 New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.
 New Caledonia.—Noumea.
 Fiji.—Suva.
 Hawaii.—Honolulu.
 Society Islands.—Papeete.

AFRICA

Egypt.—Port Said, Suez, Alexandria.
 Anglo-Egyptian Sudan.—Port Sudan, Suakin.
 Eritrea.—Massaua.
 French Somaliland.—Jibuti.
 British Somaliland.—Berbera.
 Italian Somaliland.—Mogadiscio.
 Kenya.—Mombasa.
 Zanzibar.—Zanzibar.
 Tanganyika.—Dar-es-Salaam.
 Seychelles.—Victoria.
 Portuguese East Africa.—Mozambique, Beira, Lourenco Marques.
 Union of South Africa.—East London, Port Elizabeth, Cape Town, Durban.
 Reunion.—St. Denis.

Reports had not been received in time for distribution from:

Madagascar.—Tamatave, Majunga.

Dutch East Indies.—Samarinda.

Other epidemiological information received by the Singapore bureau:

Penang.—Steamship *Scheldestadt* arrived on February 5 from Calcutta infected with smallpox.

INFLUENZA IN FOREIGN COUNTRIES

The health section of the secretariat of the League of Nations has published the following information relative to the prevalence of influenza in foreign countries. The data were obtained from the health administrations of the several countries. (See Public Health Reports, February 25, 1927, p. 584.)

Australia.—(February 4.) The influenza situation is normal.

Bulgaria.—(February 10.) There was a rapid increase of influenza during the week ended February 5, especially in the departments of Bourgas, Plovdiv, Stara-Zagora, and Plevna. The returns of cases and deaths for the week were as follows:

Departments	Cases	Deaths	Departments	Cases	Deaths
Bourgas	17,476	115	Roustjuk.	5,501	9
Plovdiv	16,544	95	Petritch.	5,073	12
Stara-Zagora	9,124	30	Vidin.	3,023	3
Plevna.	8,979	53	Varna.	2,843	6
Sofia.	10,713	11	Mastanli.	472	0
Kustendil.	8,602	15	Pachmakily.	333	0
Vratza.	8,381	6	Total.	109,343	405
Choumen.	6,400	22			
Haskovo.	5,879	30			

China.—(February 9.) Influenza cases are occurring sporadically at Peking. There is a moderate prevalence of influenza at Shanghai but the general death rate remains low.

Czechoslovakia.—(February 7.) Reports for the week ended January 29 show a considerable increase of the influenza incidence; 55,046 cases and 147 deaths were reported during that week as compared with 30,829 cases and 39 deaths during the previous week; 25,233 of these cases were among children under 14 years of age.

Denmark.—(February 10.) Thirty-eight thousand six hundred and seventy-three influenza cases were reported during the week ended January 29 as compared with 37,241 cases during the previous week. The incidence is decreasing at Copenhagen, where 6,725 cases and 9 deaths were reported during the week ended January 22, 6,090 cases and 13 deaths during the week ended January 29, and 4,356 cases during the week ended February 5.

England and Wales.—(February 8.) Influenza is abating in London and the southeastern districts. The disease is still widely prevalent in the Midlands in mild form and is spreading slowly northward and westward. The age distribution is of the normal type. Provisional returns for the week ended February 5 are as follows: In London, 215 deaths; in 105 large towns (including London), 818 deaths. The pneumonia notifications numbered 423 in London and 3,132 in the whole country.

Statistics for the week ended January 29 showed the highest incidence of influenza cases in the following towns: London, where there were 252 deaths from influenza and 240 in the suburbs, the general death rate was 23.2 per 1,000;

Bristol, where there were 31 deaths from influenza and the general death rate was 26.3; Brighton, where there were 20 deaths from influenza, general death rate, 39; Cardiff, where there were 19 deaths from influenza, the general death rate being 23.9. The death rate did not exceed the normal in Lancashire, Yorkshire, Durham, and Northumberland.

France.—The incidence of influenza continues to decrease at Paris; 30 deaths were attributed to this cause during the period from January 21 to 31 as compared with 41 during the previous 10 days.

It appears that the epidemic is decreasing elsewhere in France, except in the western part of the country, where there has been a new extension of the infection.

Germany.—Statistics of causes of death in 44 German towns showed an increase of deaths attributed to influenza from 158 during the first week to 245 during the second week of January. Data for Cologne and Munich are not included in these totals. The general death rate of Berlin decreased at the same time from 15.6 to 15.1 per 1,000 and that of Breslau from 20.2 to 18.9. In none of the towns was there any rapid increase of the general death rate or of the deaths attributed to influenza or to diseases of the respiratory system.

The statistics of the General Sicknes Insurance Fund of Berlin showed a further decrease of influenza cases during the last week of January. Twenty-one deaths from influenza occurred among the members from January 25 to February 1, inclusive.

Three thousand four hundred and fifty influenza cases were reported at Nuremberg during the week ended January 22, as compared with 745 cases during the previous week.

Hungary.—(February 8.) Three hundred and eighty-two influenza cases with complications and 23 deaths from influenza occurred at Budapest during the week ended February 5. The general mortality shows only a moderate increase. Influenza is now decreasing in the parts of the country which were first affected. There were 701 influenza cases reported in the army during the said week, as compared with 1,192 during the previous week.

India.—Eleven deaths were attributed to influenza at Calcutta, one at Bombay, and three at Rangoon during the week ended February 5. Reports for the Provinces and Presidencies showed no evidence of prevalence of influenza.

Japan.—(February 9.) There were 108 deaths from influenza during the first 10 days of January in the principal towns, in addition to the 142 deaths reported for this period. Three hundred and seventy-six deaths from influenza were reported in the same towns during the 10 days ended January 20.

Lithuania.—(February 7.) One thousand one hundred and forty-seven influenza cases and 10 deaths were reported from January 21 to 31, as compared with 386 cases and 2 deaths from January 1 to 20. The deaths were those of persons of advanced age and caused by pulmonary complications.

Netherlands.—(February 5.) The influenza epidemic, on the whole, is decreasing in the western part of the country, where it seems that it began. There is thus a marked decrease of the incidence at The Hague, and the local health officer of Leyden states that the epidemic tends to disappear there. The complications of the respiratory system seem, however, to have become somewhat more frequent. The epidemic spread toward the east during the last 10 days. A sickness insurance company states that the daily number of new cases of sickness reported among its members increased from 164 on December 1 and 215 on the 27th to 658 on January 10, an increase which is largely due to the prevalence of influenza.

The central bureau of statistics states that 180 deaths were attributed to influenza in December, as compared with 51 during the previous month and 79

during the corresponding month in 1925. Of these 180 deaths, 98 were among persons over 60 years of age and 35 among children under 15 years of age.

Poland.—(February 4.) The incidence of influenza has not been higher in January than in December at Vilna; no fatal cases have been reported. The incidence of influenza has not increased at Lodz since the first week of January. At the city of Posen there has been no increase of the general mortality nor of diseases of the respiratory system from the first to the second week of January. The general mortality was decreasing at Cracow during the second week of January. Seven deaths were attributed to influenza during the first week of January at Lwow. The incidence of influenza is decreasing markedly at Warsaw. There were 9 deaths from influenza during the week ended January 29, as compared with 18 during the previous week. The number of deaths from all causes decreased at the same time from 336 to 294.

Portugal.—(February 1.) The general death rate and the deaths from respiratory diseases have increased at Lisbon since the end of December. During the week ended December 25, there were 226 deaths from all causes; during the week ended January 22, 350. Deaths attributed to bronchitis and bronchopneumonia increased at the same time from 12 to 70.

Scotland.—(February 7.) The returns for the week ended February 5 received from Aberdeen and Gennock showed some evidence of the effects of influenza. The medical officers of health for Dundee, Motherwell, and Dunfermline reported that the mild epidemics which have existed in these places are now decreasing.

Twenty-four deaths were attributed to influenza in 16 Scottish towns during the week ended February 5. The general death rate was 16.6, which is quite normal for the season. The mortality statistics as well as reports from the medical officers of health thus indicate that there is no serious epidemic of influenza in Scotland.

Spain.—(February 8.) The influenza epidemic continues to decrease. Cases are now occurring only in eight Provinces. The cases are not numerous and are of a mild character.

Switzerland.—The total number of influenza cases reported in Switzerland decreased from 19,122 during the week ended January 22 to 10,003 during the week ended January 29 and to 5,058 during the week ended February 5. The disease was decreasing in all cantons and tended to disappear in the districts first affected. It is seen that the districts which have been affected later have suffered less than those affected early in the epidemic.

Yugoslavia.—(February 7.) One thousand six hundred and fifty-two influenza cases and 9 deaths were reported during the week ended January 21. The highest number of cases is reported in the district of Zagreb. Reports for various districts are still missing. The prevailing type is generally mild and mild catarrhal. The duration of the disease is from four to six days.

LATER INFORMATION

A cablegram dated February 24, 1927, from the health section of the secretariat of the League of Nations gives the following information:

Influenza is increasing in England in the midlands, Lancashire, and Yorkshire, also in Sweden, Czechoslovakia, Yugoslavia, Rumania, Bulgaria, and in Moscow. The disease is mostly mild. It is decreasing elsewhere in Europe. Deaths in 105 great towns of England, seventh week, 990; deaths in Bulgaria, sixth week, 630; deaths in Japanese towns, third decade of January, 639.

BRAZIL

Deaths from communicable diseases—Sao Paulo—October 25—December 5, 1926.—Deaths from communicable diseases were reported from Sao Paulo, Brazil, for the five weeks from October 25 to December 5, 1926, as follows:

DEATHS

Cerebrospinal meningitis	2	Poliomyelitis	1
Chicken pox	1	Puerperal septicemia	14
Diphtheria	4	Scarlet fever	1
Dysentery	31	Septicemia	17
Erysipelas	3	Smallpox	9
Gripe	12	Syphilis	33
Leprosy	12	Tetanus	3
Lethargic encephalitis	1	Tuberculosis	126
Malaria	3	Typhoid fever	23
Measles	27	Whooping cough	22
Plague	1		

CANADA

Communicable diseases—Week ended February 12, 1927.—The Canadian Ministry of Health reports cases of certain communicable diseases from seven Provinces of Canada for the week ended February 12, 1927, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Albert	Total
Cerebrospinal fever				1	1			2
Influenza	9				10			19
Smallpox				27	3	5	15	50
Typhoid fever		2	6	27	2		1	38

LATVIA

Communicable diseases—December, 1926.—During the month of December, 1926, communicable diseases were reported in the Republic of Latvia as follows:

Disease	Cases	Disease	Cases
Chicken pox	2	Puerperal fever	1
Diphtheria	63	Scarlet fever	505
Erysipelas	20	Tetanus	4
Leprosy	3	Trachoma	24
Measles	236	Typhoid fever	49
Mumps	28	Whooping cough	160
Paratyphoid fever	2		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended March 4, 1927¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Canton	Nov. 1-30	10	3	
Chungking	Jan. 2-8			
Chosen	Oct. 1-31	21	16	
French Settlements in India	Oct. 31-Dec. 4	2	2	
India:	Nov. 28-Dec. 11	4,863	2,781	
Bombay	Jan. 9-15	1	1	
Calcutta	Jan. 2-8	79	54	
Rangoon	do	1	1	
Russia	Sept. 1-30	7		

PLAQUE

Angola:				
Buenguela district	Nov. 16-Dec. 31	9	6	
Cuanza Norte district	Dec. 1-30	18	10	
Mosquamedes district	Dec. 16-31	10		
Brazil:				
Sao Paulo	Nov. 1-14	1	1	
Celebes:				
Macassar	Dec. 22			Outbreak.
Ceylon:				
Colombo	Jan. 2-8	1		
Egypt:				
Marsa Matra	Jan. 27	1		
India:	Nov. 28-Dec. 11			Cases, 2,395; deaths, 1,573.
Madras	Dec. 26-Jan. 1	78	58	
Rangoon	Jan. 2-8	3	2	
Java:				
Batavia	do	11	11	
Nigeria	Oct. 1-31	373	334	
Russia	Sept. 1-30	45		
Tunisia	Dec. 1-31	43		
Union of South Africa:				
Cape Province				
Craddock district	Jan. 2-8	2	1	
Hanover district	do	1	1	
Orange Free State				
Hoopstad district	do	2		

SMALLPOX

Algeria	Nov. 21-Dec. 20	221		
Angola:				
Cuanza Norte	Nov. 1-15			Present.
Brazil:				
Sao Paulo	Nov. 14-Dec. 5	22	9	
Bulgaria	Nov. 1-30	1		
Canada:	Feb. 6-12			Cases, 50.
Alberta	do	15		
Edmonton	Jan. 1-31	5		
Manitoba	Feb. 6-12	3		
Ontario	do	27		
Kingston	Jan. 29-Feb. 5	1		
Toronto	Jan. 29-Feb. 12	12		
China:				
Canton	Nov. 1-30	1		
Chungking	Jan. 2-8			
Tientsin	Jan. 16-22	2		
Chosen	Oct. 1-31	5	2	
France	Nov. 1-30	49		
French Settlements in India	Oct. 31-Dec. 4	25	25	
Gold Coast	Oct. 1-31	2	1	
Great Britain:				
England and Wales	Jan. 23-Feb. 5	1,079		
Newcastle-on-Tyne	Jan. 30-Feb. 5	1		
Wakefield	do	2		

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received During Week Ended March 4, 1927—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
India	Nov. 28-Dec. 11			Cases, 5,230; deaths, 1,359
Bombay	Jan. 8-15	21	15	
Calcutta	Jan. 2-8	114	89	
Karachi	Jan. 8-15	21	21	
Madras	Jan. 16-22	5	1	
Rangoon	Jan. 2-8	1		
Italy	Oct. 24-Nov. 13	4		
Jamaica	Jan. 30-Feb. 5	6		
Japan	Oct. 24-Dec. 4	6		
Lithuania	Nov. 1-30	2		
Mexico	Sept. 1-30		82	
Saltillo	Feb. 6-12		1	
San Luis Potosi	do		4	
Nigeria	Oct. 1-31	12	1	
Peru				
Arequipa	Dec. 1-31		1	
Poland	Oct. 31-Dec. 18	26	1	
Russia	Sept. 1-30	255		
Spain	July 1-Sept. 30		9	
Tunisia	Nov. 21-Dec. 31	2		

TYPHUS FEVER

Algeria	Nov. 21-Dec. 20	37	2	
Bulgaria	Nov. 1-30	10	2	
Chosen	Oct. 1-30	2	2	
France	Nov. 1-30	1		
Greece:				
Drama	December, 1926	2		
Kavalla	do	2		
Ravikian	do	1		
Lithuania	Nov. 1-30	7	1	
Mexico	Sept. 1-30			Deaths, 33.
Aguascalientes	Jan. 30-Feb. 5	1	1	
Guadalajara	Jan. 25-31			
Mexico City	Jan. 16-29	13		Including municipalities in Federal District.
Parral	Jan. 30-Feb. 5	1		
Palestine:				
Haifa	Jan. 11-31	2		
Jaffa	do	2		
Peru:				
Arequipa	Dec. 1-31		2	
Poland	Dec. 5-18	79	9	
Rumania	Nov. 1-30	141	5	
Russia	Sept. 1-31	696		
Spain	July 1-Sept. 30		4	
Tunisia	Nov. 21-Dec. 31	27		
Union of South Africa:				
Cape Province	Jan. 2-8			Outbreaks.

YELLOW FEVER

Senegal:			
Rufisque	Dec. 29	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from January 1 to February 25, 1927¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Chungking	Nov. 14-20			Present.
Tsingtao	Nov. 14-Dec. 11			Do.
Chosen	Sept. 1-30	231	143	
French Settlements in India	Aug. 29-Oct. 30	128	94	
India:	Oct. 10-Nov. 27			Cases, 16,739; deaths, 6,404.
Calcutta	Oct. 31-Jan. 1	385	313	
Madras	Dec. 26-Jan. 1	2	2	
Do.	Jan. 2-8	8	6	
Rangoon	Nov. 21-Jan. 1	11	7	
Indo-China:	July 1-31			Cases, 2,204; deaths, 1,356. European, 1.
Saigon	Oct. 31-Nov. 13	2	2	
Province—				
Annam	July, 1926	215	178	July, 1925: Cases, none.
Cambodia	do.	571	352	1 European, fatal. July, 1925: Cases, 3.
Cochin-China	do.	390	317	July, 1925: Cases, 6; deaths, 2.
Kwang-Chow-Wan	do.	220		July, 1925: Cases, 22; deaths, 15.
Laos	do.	24	21	July, 1925: Case, 1.
Tonkin	do.	784	482	July, 1925: Cases, 3; deaths, 1.
Japan:				
Hiogo	Nov. 14-20	3		
Philippine Islands:				
Manila	Oct. 31-Nov. 6	1		
Russia:	Aug. 1-31	1		
Siam:	Oct. 31-Nov. 6	1		
Do.	Apr. 1-Jan. 1			Case, 1.
Bangkok	Oct. 31-Jan. 1	16	5	Cases, 7,847; deaths, 5,104.
Straits Settlements:	July 25-Oct. 18		60	
Singapore	Nov. 21-Dec. 18	10	5	

PLAQUE

Algeria:				
Algiers	Reported Nov. 16	1		
Bona	Jan. 11-19	3	2	
Oran	Nov. 21-Dec. 10	32	22	
Tarfafarnoul	Nov. 1-Dec. 9	10	9	Near Oran.
Angola:				
Benguela	Oct. 16-31	8	4	
Brazil:				
Rio de Janeiro	Nov. 28-Dec. 4	2	2	
Do.	Dec. 26-Jan. 1	1	1	On vessel in harbor.
British East Africa:				
Tanganyika Territory	Nov. 21-Dec. 18		12	
Uganda	Sept. 1-30	117	110	
Canary Islands:				
Atarfe	Dec. 20	1	1	Vicinity of Las Palmas.
Las Palmas	Jan. 8	1		
San Miguel	do	1		Vicinity of Santa Cruz de Tenerife.
Ceylon:				
Colombo	Nov. 14-Dec. 11	3	1	2 plague rodents.
China:				
Mongo la	Reported Dec. 21	500		
Nanking	Oct. 31-Dec. 18			Prevalent.
Ecuador:				
Guayaquil	Nov. 1-Dec. 31	26	8	Rats taken, 50,615; found infected, 184.
Do.	Jan. 1-15	5	3	Rats taken, 10,261; found infected, 53.
Egypt:				Cases, 149.
Alexandria	Jan. 1-Dec. 9			
Charkin Province	Nov. 19-Dec. 2	2		
Gharbia Province	Jan. 5	1	1	At Zagazig (Tel el Kebir).
Kaf el Sheikh	Jan. 4	1	1	
Marsa Matrah	Dec. 3-9	2		
Tanta district	Dec. 23-29	10		
Greece:				
Athens	Nov. 1-30	10	1	Athens and Piraeus.
Patras	Nov. 28-Dec. 4	9	4	
Pravli	Nov. 27	1	1	Province of Drama-Kavalla.

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from January 1 to February 25, 1927—Continued

PLAQUE—Continued

Place	Date	Cases	Deaths	Remarks
India	Oct. 10-Nov. 27			Cases, 10,503; deaths, 6,237.
Bombay	Nov. 21-27	1	1	
Madras	Oct. 31-Dec. 25	503	266	
Rangoon	Nov. 14-Dec. 25	11	9	
Indo-China	July 1-31			Cases, 24; deaths, 10.
Province				
Cambodia	July, 1926	6	6	July, 1925: Cases, 16; deaths, 13.
Cochin-China	do	8	4	July, 1925: No case.
Kwang-Chow-Wan	do	10		July, 1925: Cases, 22; deaths, 15.
Java				
Batavia	Nov. 7-Jan. 1	91	90	Province.
Surabaya	Oct. 24-Dec. 18	14	14	
Madagascar				
Province				
Analamava	Oct. 16-31	1	1	Bubonic.
Itasy	Oct. 16-Nov. 30	14	14	
Maevatsnana	Oct. 16-31	10	10	
Moramanga	Oct. 16-Nov. 30	53	36	
Tamatave	do	14	1	
Tananarive	do			Cases, 309; deaths, 285.
Town				
Tamatave	Nov. 16-30	2		
Tananarive	Oct. 16-Nov. 30	39	23	
Mauritius				
Plaines Wilhems	Oct. 1-31	2	2	
Port Louis	do	7	7	
Nigeria	Aug. 1-Sept. 30	492	441	
Peru	Nov. 1-Dec. 31			Cases, 90; deaths, 26.
Departments				
Ancash	Dec. 1-31	6	6	
Cajamarca	do	36	6	
Ica				
Chincha	Nov. 1-30	1		
Lambayeque	do			Present in Province.
Chiclayo	do	5		
Libertad	Dec. 1-31	2		
Lima	Nov. 1-Dec. 31	42	14	
Canete Province	do	16	9	
Chancay Province	do	14	1	
Lima Province	do	12	4	
Portugal				
Lisbon	Nov. 23-26	3	2	In suburb of Balem.
Russia	May 1-June 30	44		
Do.	July 1-Aug. 31	19		
Senegal	July 1-31	178	162	
Diourbel	Nov. 20-30	12	1	
Tivaouane	Dec. 19-25	6	2	In interior.
Siam	Apr. 1-Dec. 18			Cases, 26; deaths, 21.
Syria				
Beirut	Nov. 11-Dec. 20	4		
Tunisia	Jan. 12-26			Cases, 34.
Bouss	do	8		
Djeneniana	do	8		
Kairouan	do	3		
Mahares	do	15		
Sfax	Oct. 1-Dec. 31	304	128	
Turkey				
Constantinople	Dec. 18-25	1		
Union of South Africa				
Cape Province				
De Aar district	Nov. 21-27	1		Native.
Hanover district	Nov. 14-Jan. 1	3	2	Do.
Middleburg district	Dec. 5-11	1	1	Cases, 12; deaths, 2.
Orange Free State	do			
Bothaville district	Dec. 5-18	2	1	Native.
Hoopstad district	Nov. 7-13	1		Do.
Do.	Dec. 5-25	2	1	Native.
Vrededorp district	Dec. 19-25	10	5	First case occurred Dec. 1, 1926. Reported Dec. 17.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from January 1 to February 25, 1927—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Algeria:	Sept. 21-Nov. 20			Cases, 477.
Algiers	Dec. 11-31	4		
Do.	Jan. 1-10	1		
Arabia:	Dec. 12-18	1		Imported.
Aden				
Belgium	Oct. 1-10	1		
Brazil:				
Bahia	Oct. 30-Dec. 18	12	8	
Para	Oct. 31-Nov. 6		1	
Pernambuco	Oct. 17-Dec. 25	58	4	
Rio de Janeiro	Year 1926			Cases, 4,083; deaths, 2,180.
Sao Paulo	Aug. 23-Oct. 24	12	9	
British East Africa:				
Tanganyika Territory	Oct. 31-Nov. 20	3		
Zanzibar	Oct. 1-31	23	12	
British South Africa:				
Northern Rhodesia	Nov. 27-Dec. 3			Cases, 200. In natives.
Canada:	Dec. 5-Jan. 1			Cases, 155.
Do.	Jan. 2-Feb. 5			Cases, 221.
Alberta:	Dec. 5-Jan. 1	132		
Do.	Jan. 2-Feb. 5	42		
Calgary	Nov. 28-Dec. 25	12		
Do.	Jan. 2-29	12		
Edmonton	Dec. 1-31	4		
Manitoba:	Dec. 5-Jan. 1	9		
Do.	Jan. 2-Feb. 5	13		
Winnipeg	Dec. 10-25	1		
Do.	Jan. 2-Feb. 12	6		
Ontario:	Dec. 5-Jan. 1	96		
Do.	Jan. 2-Feb. 5	143		
Kingston	Jan. 1-7	1		
Ottawa	Dec. 12-31	5		
Do.	Jan. 9-29	4		
Toronto	Dec. 14-25	14		
Do.	Jan. 1-29	35	1	
Saskatchewan:	Dec. 5-Jan. 1	18		
Do.	Jan. 2-Feb. 5	23		
Regina	Jan. 16-22	1		
Chile:				
Concepcion	Dec. 26-Jan. 1		5	
China:				
Amoy	Jan. 1-15	1		Present.
Chungking	Nov. 7-Dec. 25			Do.
Do.	Jan. 26-31			Do.
Foochow	Nov. 7-Dec. 25			Do.
Hankow	Nov. 6-30			Do.
Manchuria:				
Harbin	Dec. 16-31	3		
Mukden	Dec. 5-11	1		
Nanking	Jan. 2-15			Do.
Shanghai	Dec. 12-18		1	
Swatow	Nov. 21-27			Do.
Nanking	Dec. 12-25			Do.
Chosen:	Aug. 1-Sept. 30	42	14	
Seoul	Nov. 1-30	2		
Egypt:				
Cairo	June 11-Aug. 26	27	4	
Estonia	Oct. 1-30	2		
France:				
Paris	Sept. 1-Oct. 31	165		
Do.	Dec. 1-31	10	3	
French Settlements in India	Jan. 1-20	7	1	
Germany:				
Stuttgart	Aug. 29-Nov. 30	83	83	
Gold Coast	Nov. 28-Dec. 4	7		
Great Britain:				
England and Wales:	Nov. 14-Jan. 1			Cases, 2,262.
Do.	Jan. 2-22			Cases, 1,645.
Bradford	Jan. 9-22	2		
Newcastle-on-Tyne	Dec. 5-11	2		
Do.	Jan. 2-22	10		
Normanton	Dec. 30	1		
Sheffield	Nov. 28-Jan. 1	60		9 miles from Leeds.
Do.	Jan. 2-22	243		
Greece:				
Athens	Nov. 1-Dec. 31	25		
Guatemala:	Dec. 1-31	14	2	
Guatemala City	Nov. 1-Dec. 31		15	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from January 1 to February 25, 1927—Continued
SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
India	Oct. 10-Nov. 27			Cases, 7,882; deaths, 1,859.
Bombay	Nov. 7-Jan. 1	37	26	
Do.	Jan. 2-7	8	5	
Calcutta	Oct. 31-Jan. 1	449	311	
Karachi	Dec. 19-25	1	1	
Madras	Nov. 21-Jan. 1	32	2	
Do.	Jan. 2-15	20	2	
Rangoon	Nov. 28-Jan. 1	2	2	
Indo-China	July 1-31			Cases, 29; deaths, 10.
Province				
Annam	July, 1926	6	3	July, 1925: Cases, 39; deaths, 7.
Cambodia	do	11	4	July, 1925: Cases, 62; deaths, 18.
Cochin-China	do	6	1	July, 1925: Cases, 12; deaths, 7.
Laos	do	3	1	July, 1925: Cases, none.
Tonkin	do	3	1	July, 1925: Cases, 31; deaths, 3.
Iraq:				
Baghdad	Oct. 31-Dec. 4	7	4	
Basra	Nov. 7-13	1	1	
Italy	Aug. 29-Oct. 23	12		
Genoa	Dec. 20-31	1		
Do.	Jan. 1-10	2		
Jamaica	Nov. 26-Jan. 1	37		Reported as alastrim.
Do.	Jan. 2-20	39		
Japan:				
Kobe	Nov. 14-20	1		
Yokohama	Nov. 27-Dec. 3	2		
Java:				
Batavia	do	2		Province.
Surabaya	Oct. 24-Nov. 27	10	1	
Luxemburg	Nov. 1-30	1		
Mexico	July 1-Aug. 31		331	
Chihuahua	Dec. 31			Several cases; mild.
Do.	Jan. 31-Feb. 6			Present.
Ciudad Juarez	Dec. 14-27		2	
Mexico City	Nov. 23-Dec. 25	6		Including municipalities in Federal district.
Do.	Dec. 26-Jan. 8	1		Do.
Parral	Jan. 31-Feb. 6			Cases, 25. Unofficially reported.
San Luis Potosi	Nov. 12-Dec. 18		3	
Do.	Jan. 9-22		6	
Tampico	Jan. 21-31	1		
Torreón	Nov. 28-Jan. 1		12	
Do.	Jan. 2-22		5	
Nigeria	Aug. 1-Sept. 30	61	3	
Peru:				
Arequipa	Dec. 1-31			Present.
Laredo	Dec. 1			Severe outbreak; vicinity of Trujillo.
Poland	Oct. 11-30			Cases, 30.
Portugal:				
Lisbon	Nov. 22-Jan. 1	43	4	
Do.	Jan. 2-15	5		
Portuguese West Africa:				Present in Congo district.
Angola	Oct. 1-15			
Rumania	Jan. 1-Sept. 30	7	1	
Russia	May 1-June 30	705		
Do.	July 1-Aug. 31	629		
Senegal:				
Dakar	Jan. 9-15	1		
Siam	Apr.-Jan. 1			Cases, 711; deaths, 208.
Bangkok	Oct. 31-Jan. 1	28	10	
Sierra Leone:				
Nanowa	Dec. 1-15	1		Pendembu district.
Straits Settlements:				
Singapore	Oct. 31-Dec. 18	6	2	
Tunisia	Oct. 1-Nov. 20	7		
Union of South Africa:				
Cape Province				
Caledon district	Dec. 5-11			Outbreaks.
Steynsburg district	do			Do.
Stutterheim district	Nov. 21-27			Do.
Natal				
Durban district	Nov. 7-27	9		Including Durban municipality; Total from date of outbreak cases, 62; deaths, 16.
Orange Free State	Nov. 14-27			Outbreaks.
Bothaville district	Nov. 21-27			Do.
Transvaal	Nov. 7-20	2		Europeans.
Johannesburg	Nov. 14-20	1		
Yugoslavia	Nov. 1-30	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

Reports Received from January 1 to February 25, 1927—Continued
TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Algeria	Sept. 21-Nov. 20	22		
Bulgaria	July 1-Oct. 31	23	3	
Chile:				
Valparaiso	Nov. 21-Dec. 25	6		
Do.	Jan. 2-22	3	1	
China:				
Antung	Nov. 22-Dec. 5	4		
Chefoo	Oct. 24-Nov. 6			Present.
Chungking	Dec. 25-31			Do.
Chosen	Aug. 1-Sept. 30	15		
Seoul	Nov. 1-30	1		
Czechoslovakia	Oct. 1-Dec. 31	10		
Egypt:				
Alexandria	Dec. 3-9		1	
Cairo	Oct. 29-Nov. 4	1	1	
Gold Coast	Sept. 1-30	1	1	
Greece:				Cases, 12.
Athens	Nov. 1-Dec. 31	19	2	
Ireland:				
Clare County— Tulla district	Jan. 9-15	1		Suspect.
Italy	Aug. 29-Sept. 23	3		
Japan:				
Tokio Prefecture	Dec. 5-25	9		
Tokio city	do	5	1	
Lithuania	Sept. 1-Oct. 31	17	2	
Mexico:				Deaths, 46.
Aguascalientes	July 1-Aug. 31			
Durango	Jan. 1-31		1	
Mexico City	Dec. 5-11	3		
Do.	Jan. 2-15	16		
Nigeria	Sept. 1-30	1		
Palestine:				
Acre	Dec. 29-Jan. 3	1		
Beisan	Dec. 21-27	1		
Haifa	Nov. 23-Dec. 13	5		
Do.	Dec. 28-Jan. 10	4		
Jaffa	Nov. 23-Dec. 20	6		
Jerusalem	Sept. 1-Oct. 30	19		
Majdal	Dec. 28-Jan. 3	1		
Nazareth	Nov. 16-Jan. 3	10		
Safad	Dec. 28-Jan. 3	1		
Peru:				
Arequipa	Dec. 1-31			
Poland:	Oct. 11-Nov. 13			Cases, 82; deaths, 8.
District—				
Bialystok	Oct. 31-Nov. 27	16	1	
Kielce	Nov. 28-Dec. 4	30	3	
Stanislawow	Oct. 31-Nov. 27	52	4	
Warsaw	do	45	5	
Rumania	Aug. 1-Oct. 31	114	6	
Russia:				
Do.	May 1-June 30	6,043		
Tunisia:				
Do.	July 1-Aug. 31	2,364		
Turkey:				
Constantinople	Oct. 1-25	3		
Union of South Africa:				Cases, 71; deaths, 8.
Cape Province	Oct. 1-30			
Do.	Nov. 14-Dec. 18	47	7	
East London	Nov. 21-27	1		Outbreaks.
Port St. Johns district	Dec. 5-11			Native. Imported.
Natal	Oct. 1-31	1		Outbreaks. On farm.
Orange Free State	do	22	1	
Transvaal	do	1		
Yugoslavia	Nov. 1-Dec. 31	30	2	

YELLOW FEVER

French Sudan	Dec. 19-25	1	1	
Gold Coast	Aug. 1-Sept. 30	8	3	
Nigeria	Sept. 1-30	1		
Senegal:				
Diourbel	Dec. 19-25	3	3	
Do.	Dec. 6	1	1	At N'Bake.
Guinguineo	Jan. 1-20	1	1	
Rufisque	Dec. 7	1	1	In European.
Do.	Nov. 27	1	1	
Upper Volta:				
Gaona district	Jan. 2-8	3	3	
	Oct. 25	2		